

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RQ-18080125

Report / Treatment is required of

Name ~~.....~~ Nazrul Islam Age 60 yss Sex M

Address .....

Physician / Surgeon Unit - IA Ward Radiotherapy No. of Bed / Cabin M1

Paying /  Non Paying .....

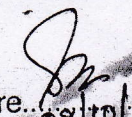
Brief history of case Δ Ca Lung (Lt) (SCLC) ± Brain Metastasis.

Clinical Diagnosis H/O Convulsion

Particulars point to be Investigated MRI Brain

Instruction

Date 09/10/18

Signature  09/10/18

REPORT

- Notes :
- (1) This form should, except in urgent cases, be signed by the Visiting Staff.
  - (2) A note should, in all fracture cases, be made as to whether the splints may be removed.
  - (3) The time at which a Bismuch meal has been given should be noted.