

R. G. KAR MEDICAL COLLEGE & HOSPITAL**Electro Therapeutic Department**

Reg 18081947

Report / Treatment is required of

Name..... Ayan Goswami Age 18y Sex M

Address.....

Physician / Surgeon..... U-I Ward..... Neuro med No. of Bed / Cabin..... M2

Paying / Non Paying.....

Brief history of case

Fever + Headache

Clinical Diagnosis

Particulars point to be Investigated

MRI - Brain (P + C)

Instruction

Date..... 16.10.18

Residential Medical Officer

Signature.....

R.G. Kar MCH, Kol-4

REPORTS. Urea - 15.0 mg/dlS. Creat - 0.5 mg/dl

- 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.
 (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time