

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Tanu Bala Age 23 Sex F

Address.....

Physician / Surgeon..... TUB Ward..... E PPW No. of Bed / Cabin

Paying / Non Paying

Brief history of case Seizure disorder + PI +

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 16/10/18

Signature..... Seh

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.
 The time at which a Bismuch meal has been given should be noted.
 In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time