

295

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

1800563496

Report / Treatment is required of

Name Rubiya Firdos Age 14y Sex F

Address Ra1800727904

Physician / Surgeon II Ward Fmurb No. of Bed / Cabin 58

Paying / Non Paying .....

Brief history of case Seizure disorden

Un = 29.0  
Cr = 0.6  
on 17/10/18

Clinical Diagnosis .....

Particulars point to be Investigated MRI brain (P+C)

Instruction .....

Date 18/10/18

Female Ward  
R.G. Kar Hospital  
Signature Shunadeep Sankar  
W-111 (PAC)

### 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.  
(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.