

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Mr. A. K. Das Age 12y Sex M

Address

Physician / Surgeon OT Med Ward MMW 5 No. of Bed / Cabin 33

Paying / Non Paying

Brief history of case

Clinical Diagnosis Multiple rim enhancing lesions

Particulars point to be Investigated MRI Brain (P+C) with spectroscopy

Instruction

Date 22/10/18

Signature [Signature]

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.