

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800729500

Report / Treatment is required of

Name Sahin Gazi Age 2 months Sex male

Address

Physician / Surgeon IP Ped. Ward MCWA No. of Bed / Cabin 15

Paying / Non Paying


Brief history of case

Clinical Diagnosis Seizure

Particulars point to be Investigated MRI brain

Instruction

Date 24.10.18

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.
 - (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.