

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of
Name Abhijit Sardar Age 11 years Sex Male

Address.....
Physician / Surgeon Paed Ward MCWS No. of Bed / Cabin 39

Paying / Non Paying.....
Brief history of case Acute Encephalitic Syndrome

Clinical Diagnosis.....
Particulars point to be Investigated MRI brain

Instruction.....
Date 14/11/18 Signature Cumari Arora

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) The X-Ray Department at 8-30 a.m. for appointment of time.