

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R 61800 714568

Report / Treatment is required of

Name: Saddam Molla Age: 15y4. Sex: M.

Address:

Physician / Surgeon: united Ward: MMW 5 No. of Bed / Cabin: 55

Paying / Non Paying

Chief history of case

MRI Brain.

Clinical Diagnosis

Δ Epilepsy

Particulars point to be Investigated

Instruction

Date: 11/10/18

Signature.....

(mirrored stamp)
R.G. Kar M.C. & H. KOL-4
MMW 5
Dept. of Electrotherapy
Visiting Physician

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.