

**RBSK**  
Kar Medical  
& Hospital

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name *Rejaul Mondal* Age *10y* Sex *M*

Address .....

Physician / Surgeon *V - IA Paed* Ward *m.c.w.6* No. of Bed / Cabin *42*

Paying / Non Paying .....

Brief history of case *GBS*

Clinical Diagnosis

Particulars point to be Investigated *MRI - LS spine*

Instruction

Date *19/11/18*

PAYMENT MAY  
BE DONE BY  
**RBSK FUND**

Signature *Bismadeep Baidagi*

### 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