

7278445546  
✓ 2954

Plate No. ....  
R418 00789712  
Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Priya Das Age 15 yrs Sex f

Address .....

Physician / Surgeon V-I med Ward Fmpw 7 No. of Bed / Cabin 236

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 22/11/18

~~Eeg & Head~~  
MRI Brain (Plain + Contrast)

Dwashi Sharma  
Signature.....  
RMS  
W 7th FLOOR  
S. Ka. NC

### 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.