

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Ravshan Mondal Age..... 11y Sex..... M

Address.....

Physician / Surgeon..... III Ward..... M. N. J. No. of Bed / Cabin..... (31)

Paying / Non Paying

Brief history of case Seizure episode

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date..... 15/10/18 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 Biomech meal has been given should be noted.