

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name B/o Kainat Tabassum Age 28 Days Sex M

Address.....

Physician / Surgeon Peal Ward OPD No. of Bed / Cabin .....

Paying / Non Paying .....


Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date 26/10/18

  
R.M. O. .... Clinical Tutor  
Dept. of Paed. Medicine  
Signature R.G. Kar M.C.H., Kol-4

### 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.