

V/4048/MRS

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA 1809 6775

Report / Treatment is required of

Name..... Indrani Dolui Age 32y Sex F

Address..... Saltia Liluah P.S., Howrah

Physician / Surgeon..... Dr. U. Mondal Ward..... Psychiatry No. of Bed / Cabin..... F-7

Paying / Non Paying

Brief history of case Mental Retardation with Epilepsy with acute psychosis

Clinical Diagnosis

Particulars point to be Investigated MRI Brain (P) + C with Epilepsy Protocol.

Instruction

Date..... 13/12/18.

Signature..... Dr. A. Rahman

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