

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Anwara Biki Age 65y Sex F

Address .....

Physician / Surgeon U-IV-Med Ward EMW-6 No. of Bed / Cabin 49

Paying / Non Paying .....

Brief history of case 2 Meningo encephalitis

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date 14/11/18

Signature albis was  
Abinobhusan

### 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.