

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

26.1800 729094

Name..... Pradip Mondal ..... Age 52y ..... Sex M

Address.....

Physician / Surgeon..... unit I.R ..... Ward..... 15 ..... No. of Bed / Cabin ..... 6

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis Dysselectrolytemia + Ho fever.

Particulars point to be Investigated ~~XXXXXX~~ MRI Brain

Instruction

Date..... 19/10/18 .....

Signature..... *[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.