

53340

# R. G KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Kabita Das. ..... Age..... 20 ..... Sex..... F .....

Address.....

Physician / Surgeon..... Dr. A. G. 20 ..... Ward..... PPW ..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case cl - Convulsions (Antenatal eclampsia)

Clinical Diagnosis MRI brain.

Particulars point to be Investigated

Instruction

Date..... 1/12/18 .....

Signature..... Ayan Chandra  
Vermas

### 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 Bismuth meal has been taken should be noted.