

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department NO. 10/23/10

Report / Treatment is required of

Name..... Samarjit Das ..... Age..... 6 yrs ..... Sex..... F .....

Address.....

Physician / Surgeon..... new ..... Ward..... afp ..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis Ac. MFI of brain of fc epileptic

Particulars point to be Investigated

Instruction  
Date..... 20/11/18 .....

**PAYMENT MAY  
BE DONE BY  
RBSK FUND**

DR. DEBANKU DAS  
Signature.....

### REPORT

es: (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  
(4) In the M...