

RG18007860001

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Saharara Bisi Age 32y Sex F

Address.....

Physician / Surgeon..... V2 Ward..... SMRU7 No. of Bed / Cabin..... 225

Paying / Non Paying..... Suspected Cerebral abscess / Malignancy

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated (MRI + MRS) brain

Instruction

Date..... 15/11/18

[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.
(3) The time at which a Bismuch meal has been given should be noted.