

Plate No.

Register No.

KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

urgent

Port / Treatment is required of

Tapan kr. Pal

Age

63y

Sex

M

Address

Physician / Surgeon

Med III

Ward

MMNS

No. of Bed / Cabin

X12

Paying / Non Paying

Brief history of case

Clinical Diagnosis

~~AAI~~ *Hypoglycemic coma.*

Particulars point to be Investigated

MRI ~~cross~~ Brain

Visiting Physician
Dept. of Medicine
M. S. B. S. H.
R.G. K. S. S. I., Kol-4

Instruction

Date

13/8/18

Signature

REPORT

Relat
Addre
Conta

- 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.
 - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time