

Plate No. ....

Register No. 261800555797

# G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Mamik Sorimami Age 65yr Sex M

Address .....

Physician / Surgeon Chit - 1 Ward 4MN6 No. of Bed / Cabin 12

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis CVA

Particulars point to be Investigated MRI Brain

Instruction

Date 14/8/18

Signature [Signature]

### REPORT

MCH  
MCH  
MCH

- 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.