

V.V. Urgent

Plate No. ....

Register No. R618082771

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Priyanka Mondal ..... Age..... 26 yrs ..... Sex..... F.

Address.....

Physician / Surgeon..... IIA Plastic Surgery Ward, RCC BURN ..... No. of Bed / Cabin..... ICU

Paying / Non Paying.....

Brief history of case W/O occasional Headache.

Clinical Diagnosis EEG. (As advised by Neurologist)

Particulars point to be Investigated

Instruction

Date..... 21/11/11.....

Signature..... [Signature]  
Dept. of Plastic Surgery  
R.G. Kar Medical College  
Dwaipayan Saha  
DWAIPAYAN SAHA  
OS/MIA

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.  
 (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.