

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Sandhya Dey Age 75 Sex F

Address Rh1800772324

Physician / Surgeon IT Ward Fmwb No. of Bed / Cabin Ry, N13

Paying / Non Paying

Brief history of case ? Ischeemic CVA.

UN - 35
CR - 0.96

5/11/18

Clinical Diagnosis

Particulars point to be Investigated MRI brain (P+C).

Instruction

Date 5/11/2018.

Signature Shivadeep Sankar
(PLC)

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 8.00 p.m. for processing.