

V-1441

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Ru 1800772086

Report / Treatment is required of

Name..... RADHARANI MONDAL Age..... 51y Sex..... F

Address.....

Physician / Surgeon..... MED - UNIT VI Ward..... AWOS No. of Bed / Cabin..... (26)

Paying / Non Paying

Brief history of case MRI Brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 5/11/18

Namrata Bagchi
Signature.....
R.M.O. 8th Floor
R.G. Kar Medical College & Hospital

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 Biomech meal has been given should be noted.