

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800775749

Report / Treatment is required of

Name Fatema Bibi Age 56y Sex F

Address W/11 P.O. D. Hafitha, P.S. - B. S. M. at D. H. S. - 24295 (10)

Physician / Surgeon Unit 1 Ward FMW 6 No. of Bed / Cabin Bed 7

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated CXR PA view (Digital)

Instruction
Date 6/11/08

Signature Ayub Ali

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.