

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800772223

Report / Treatment is required of

Name Prasanna Bhattacharyya Age 65 yr Sex M

Address

Physician / Surgeon Unit III Ward MMW-5 No. of Bed / Cabin 202

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 6/11/18

MRI Brain.
Dys electrolytemia +
unconsciousness.
Prityanka Tal

Signature

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.