

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RC 1800772102

Report / Treatment is required of

Name..... DIPUL BISWAS Age..... 46y Sex..... M

Address.....

Physician / Surgeon..... MED. UNIT VI Ward..... MMWG No. of Bed / Cabin..... X₆

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date..... 6/11/18

R. G. KAR M.C.H.
M. U. KAR
Namrata Basu
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.