

18086846 ✓ JA Plate No.
Register No.
R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name..... Gita Kaba Age 55 yr Sex F
(RH-3)

Address.....
(U-2)

Physician / Surgeon..... U-I Ward..... hmbro No. of Bed / Cabin..... 7F

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

M RCP

Instruction

Date..... 5/11/18

Emergency
Singh
Signature.....
Dr. S. P. Roy
Dept. of Gastrology
R. G. Kar M. C. & H
Kolkata-700 004

REPORT

- es : (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