

Urgent

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG180077442

Report / Treatment is required of

Name..... *Mobarak Ali* Age..... *80yrs* Sex..... *M*

Address.....

Physician / Surgeon..... *Unit 1* Ward..... *MANUS* No. of Bed / Cabin..... *(4)*

Paying / Non Paying

Brief history of case *Pt unconscious*

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

Date..... *6/11*

Signature..... *[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 Bismuth meal has been given should be noted.