

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Rg1800775734

Report / Treatment is required of

Name Tapashi Helder Age 40y Sex F

Address .....

Physician / Surgeon unit 1 Ward fmws No. of Bed / Cabin 0629

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MR I Brain

Instruction

Date 6/11/18

R. G. KAR MCH  
M. M. WORTH  
Kolkata  
Signature Arpita Paul

### 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.