

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Craneh Panja ..... Age..... 29y ..... Sex..... M .....

Address.....

Physician / Surgeon..... II ..... Ward..... MMWS ..... No. of Bed / Cabin..... F35 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 7/11/18 .....

RMO  
Reg. of Medical  
G. KAR  
Signature Subhjit Saha

### 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 radiations are