

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Bablu Basak Age 64 Sex F.

Address R G K MCA

Physician / Surgeon Unit Da Ward ICU No. of Bed / Cabin 107

Paying / Non Paying .....

Brief history of case

MRI brain

Clinical Diagnosis

Particulars point to be Investigated

7/11/18

Instruction

Date .....

Auto Pnd  
PDTDM  
WBC 89885  
Fau 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 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