

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R418 @ 569393

Report / Treatment is required of

Name..... Anowara Begam ..... Age..... 60 yrs. ..... Sex..... F .....

Address.....

Physician / Surgeon..... UTI ..... Ward..... PAW6 ..... No. of Bed / Cabin..... 72 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI brain & MR venography of intracranial venous system.

Instruction

Date..... 2/11/18 .....

Signature.....  
*R.M. Roy*  
Female Medicine Ward  
5th Floor  
R.G. Kar Medical College & Hospital

### 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.