

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Reba Ghosh Age 76yr Sex F

Address

Physician / Surgeon Unit IV Ward FMW 6 No. of Bed / Cabin X14

Paying / Non Paying

Brief history of case CVA

Clinical Diagnosis

Particulars point to be Investigated MRI Brain (Plain)

Instruction

Date 9/11/18

Signature
R. G. KAR MEDICAL COLLEGE
M. M. W. O. T. H.
Kolkata-4

REPORT

P.S. Bhowmick

- 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.