

V-7732

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... *GOPAL CHANDRA CHANDRA* Age..... *80y* Sex..... *M*

Address.....

Physician / Surgeon..... *Unit - IV Medicine* Ward..... *MMW-6* No. of Bed / Cabin..... *33*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

SOB c RBBB

Particulars point to be Investigated

MRI brain (P+C).

Instruction

9674468439

Date..... *9/11/18*

AB
Anwesha Banerjee
R. G. KAR MCH
W B
Signature.....

REPORT

P.S. Ghosh

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- 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.