

R 91800 783845

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Gausi Roy Chowdhuri Age 65 yrs Sex F

Address.....

Physician / Surgeon Unit 7 Med Ward FMW 6 No. of Bed / Cabin X/6

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 9/11/18

MRI brain & epilepsy protocol

N. Bagchi
Female Medicine Ward

Signature G. Kar Medical College Hospital

REPORT

10/11/18
1:55AM

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