

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800782029

Report / Treatment is required of

Name..... Mantu Biswas Age 72y Sex Male

Address.....

Physician / Surgeon..... IV medicine Ward..... mmwg No. of Bed / Cabin (16)

Paying / Non Paying

Brief history of case

Clinical Diagnosis SA(?) , CoA

Particulars point to be Investigated CE MRI Brain

Instruction

Date.....

Pranab K. Prasad
R M C 9/11/18
R. G. KAR MCH
M M W 6TH
Kolkata-4
Signature.....

REPORT

Urea - 27
Creat - 0.9

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.