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PS - Quidum

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name NARAYAN CHANDRA DAS Age 70 yrs Sex Male

Address .....

Physician / Surgeon unit IV Ward MWWS No. of Bed / Cabin 31

Paying / Non Paying .....

Brief history of case ? Encephalitis

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain

Instruction

Date 30/9/18

Signature [Signature]  
RMO  
30/9/18

### REPORT

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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.