

7762

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Asadul Haque Age 67 Sex M

Address.....

Physician / Surgeon U-TV Ward MW 5 No. of Bed / Cabin 215

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MR Angio + MRI Brain (R+C)

Instruction

Date 9/11/18

Signature [Signature]

RMG
of Medicine
R. G. Kar Medical
College

REPORT

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.