

V-1808

Plate No.

R01800 745 413

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Younus Khan Age 65 years Sex Male

Address

Physician / Surgeon Unit I (ortho) Ward SSW(0) No. of Bed / Cabin 84

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 10/11/18

4 vessels MR angiogram of brain
[Urgent]

Signature Sudripta Mondal
PGT - 1st year
Unit I (ortho)

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.
 - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of