

RC 18086522 ✓ 1817

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Lalita Banerjee Age 39 y Sex M

Address .....

Physician / Surgeon VI Ward MMW<sub>5</sub> No. of Bed / Cabin 217

Paying / Non Paying .....

Brief history of case ? Immuno compromised + Meningitis.

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date 9/11/18

Signature AP

### REPORT

For signature  
of Dr.  
Sandeep Ghosh

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 9.00 am for appointment of time.