

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

R91800793028

Name..... Bulu Sarkar Age..... 56 Sex..... M

Address.....

Physician / Surgeon..... U-11 Ward..... MMW/5 No. of Bed / Cabin..... 59

Paying / Non Paying (m-r)

Brief history of case

Clinical Diagnosis CVA?? MRI Brain

Particulars point to be Investigated

Instruction

Date..... 13/11

Signature..... Debatang

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 time.