

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Nurjahan Bibi Age 34Y Sex F

Address .....

Physician / Surgeon U-F Ward FMPW-7 No. of Bed / Cabin 223

Paying / Non Paying N/P

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MR I Brain (P+C)

Instruction

Date 1/10/18

Signature [Signature]  
FMPW 7 FLOOR

### 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.