

Electro Therapeutic Department

Report / Treatment is required of

Name..... Binwanan Dae Age..... 65y Sex..... M

Address.....

Physician / Surgeon..... U-II (Med) Ward..... MM10-5 No. of Bed / Cabin..... 200

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 13/4/18

Signature..... [Signature] RMO, Dept. of Medicine, Kar Medical College

REPORT

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- 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.