West Bengal Form No. 815

Plate No. .....

Register No. RGH870688155

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Maya Roy ..... Age..... 60y ..... Sex..... F .....

Address.....

Physician / Surgeon..... II (MED) ..... Ward..... AMW (5) ..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis Ischemic CVA.

Particulars point to be Investigated MRI Brain

Instruction

Date..... 2/10/18 .....

Signature.....

REPORT

Notes : (1) This form should, except in urgent cases, by signed by the Visiting Staff.
(2) A note should, in all fracture cases, be made as to whether the splints may be removed.
) The time at which a Bismuch meal has been given should be noted.
) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.