

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Indraj Subodh Sarkar Age..... 68 Sex..... Male

Address.....

Physician / Surgeon..... IV Ward..... MMW No. of Bed / Cabin..... 25

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI - Brain

Instruction
Date..... 23-11-18

Signature..... Neelanjana
Visiting Physician
Dept. of Medicine
MMW 5th
R.G. Kar Medical College, Kol-4

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 processing.