

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800817687

Report / Treatment is required of

Name..... Bondip Das Age..... 56y Sex..... M

Address.....

Physician / Surgeon..... Med U-5 Ward..... MAMU-5 No. of Bed / Cabin

Paying / Non Paying

Brief history of case A CVA. (Ischemic).

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 23/11/12

Signature..... Niraj Kumar Ray

RMC
Col. of Med
Calcutta

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.