Plate No
- Primariound

Register No. 84180068406/

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of	
Name Anjunara Bibi Age 52	Sex. F
Address	
Physician / Surgeon Unit IV Ward FMWC	No. of Bed / Cabin4.8
Paying / Non Paying	
Brief history of case	- 99-1119
Clinical Diagnosis? Hemonhagic CVA	= 23 m/dl = 0-8 mg/dl
Particulars point to be Investigated MRI & Brain	PMO.
Instruction	Female Medisine Ward
Date. 2/10/18	R.M.O. Female Medicine Ward Fin Floor Signature Aedical Bollege & Hospital
REPORT	

Notes: (1) This form should, except in urgent cases, by signed by the Visiting S'

(2) A note should, in all fracture cases, be made as to whether the splin

(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 a