

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name ASIT SARKAR Age 52y Sex M.

Address .....

Physician / Surgeon W - medicine Ward LMW-5 No. of Bed / Cabin 38

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI - Brain.

Particulars point to be Investigated

Instruction

Date 25 Jul 2018.

Dr. Samyap Pal  
Signature .....

### 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.