

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG1800820682

Report / Treatment is required of

Name CHANDI CHARAN MONDAL Age 65 yrs Sex M

Address .....

Physician / Surgeon 2 Med Ward MMW-6 No. of Bed / Cabin 16

Paying / Non Paying .....

Brief history of case

MRI Brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 26/11/18

Signature Susmita Sen

### REPORT

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- 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.