

V-002934412

R91800822888

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Suyata Mitra ..... Age..... 67 yrs ..... Sex..... F .....

Address.....

Physician / Surgeon..... VI ..... Ward..... Female ..... No. of Bed / Cabin..... 47 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis MRI brain

Particulars point to be Investigated

Instruction  
Date..... 28/11/18 .....

*Jasim Ahmed*  
R.M.O.  
Female Medicine Ward  
3th Floor  
Signature.....  
R.G. Kar Medical College & Hospital

### 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.