

Bengal Form No. 815

V-002970

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R61800829363

Report / Treatment is required of

Name..... *Swamali Munda* Age..... *9y* Sex..... *F*

Address..... ..

Physician / Surgeon..... *Dr. (S)* Ward..... *MCW 6* No. of Bed / Cabin..... *12*

Paying / Non Paying..... ..

Brief history of case *Right + Joint pain*

Clinical Diagnosis

Particulars point to be Investigated *MRI Brain Non Contrast*

Instruction

Date..... *28.11.18*

Signature..... *Rohit Das*
mit Dr. Paul.

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.