

W-002972L

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RLs 1800 222803

Name..... Alia Mandal Age..... 55 yrs Sex..... F

Address.....

Physician / Surgeon..... VI Ward..... PHYS No. of Bed / Cabin..... 46

Paying / Non Paying..... Medicine

Chief history of case

Clinical Diagnosis

? ACC

Particulars point to be Investigated

MRI brain

Instruction

28/11/18

Parbua Pradhan Dey
R.M.O.

Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital

REPORT

- (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 2.00