West	Bengal	Form	No.	81	5

1241800832199

Plate	No.	 	 	

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of
Name BHADESWAR MONDAL Age 787NS Sex M.
Address. Physician/Surgeon
Paying / Non Paying
Brief history of case Hare CVA? Cerebreu mas
Clinical Diagnosis
Particulars point to be Investigated MPI of Brach,
Instruction Quelin trus
Date 28/11/18, Signature Signature
REPORT

Notes: (1) This form should, except in urgent cases, by 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.