

West Bengal Form No. 815

R91800839436

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name Nand Lal Shaw Age 75- Sex M

Address.....

Physician / Surgeon Dr. G. M. Ward MMW-5 No. of Bed / Cabin 52

Paying / Non Paying 2 SOL

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI + MRS Brain
(Brain)

Instruction

Date 4/12/13

Signature YASH PAL YADAV
PAT

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.