

✓/3709/DRT

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Bazkur Rahaman Age 65y Sex M

Address..... RG1800853936

Physician / Surgeon..... IV Ward..... MMW5 No. of Bed / Cabin..... (204)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain (P+C)

Particulars point to be Investigated

Instruction

Date..... 7/12/08

Signature..... Dr. Snehansu 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.