

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name AMIT KARBHAR Age 30y Sex M

Address

Physician / Surgeon VI - CM Ward MNW-5 No. of Bed / Cabin 42

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRA Neck vessels and Brain.

Instruction

Date 07/12/2010

Signature YASHPAL JADAV

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