

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Gita Samanta Age 60y Sex F

Address

Physician / Surgeon (M.S.) Ward PSW No. of Bed / Cabin 9

Paying / Non Paying

Brief history of case (L) sided hemiparesis

Clinical Diagnosis

Particulars point to be Investigated MRI brain ~~(L) sided~~

Instruction

Date 8/12/18

Signature [Signature]
H.C.H. KOLKATA
R.G.K. MEDICAL COLLEGE & HOSPITAL

REPORT

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- 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.