

24180090648

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Reg: \_\_\_\_\_

Report / Treatment is required of

Name Pranika Devi Age 46 Sex F

Address \_\_\_\_\_

Physician / Surgeon T med Ward DMW No. of Bed / Cabin 41

Paying / Non Paying \_\_\_\_\_

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated : MRI brain

Instruction

Date 12/18

Signature [Signature]  
R.M.O. [Signature]  
Electro Therapeutic Dept.  
R.G. Kar Medical College & Hospital

### REPORT

স্বাস্থ্য-সংক্রান্ত সকল বিষয়ে  
নিয়মিত আসবেন

বুকিং সময়ের থেকে  
১ ঘন্টা আগে আসবেন।  
PLEASE COME BEFORE  
1 HOUR OF YOUR BOOKING TIME

08/12/18  
2:00 AM

PLEASE BRING ALL  
PREVIOUS REPORT  
দ্রষ্টা করিয়া পুরোনো সমস্ত  
রিপোর্ট নিয়ে আসবেন

- 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.