

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Register No. 291800 845264

Report / Treatment is required of

Name: Tayyil Hanani Age: 60 Sex: M

Address: .....

Physician / Surgeon: H Ward: MNU-6 No. of Bed / Cabin: 6

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRJ brain E contrast

Particulars point to be Investigated

Instruction

Date: 8/2/10

Signature: R. G. Kar MCH MNU-6TH KOLKATA

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.