

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RC18092330

Report / Treatment is required of

Name Bapi Chanda Age 46 Sex M

Address

Physician / Surgeon U-I Ward E.N.T. No. of Bed / Cabin 21

Paying / Non Paying

Brief history of case rt Neck mass + rt pleural effusion Neck

Clinical Diagnosis MR ~~angiography~~ Angiography of ~~carotid~~

Particulars point to be Investigated

Instruction

Date 07/12/18

Signature [Signature]
R.G. KAR MEDICAL COLLEGE & HOSPITAL
E.N.T. W.D. OFFICE

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 are
 - (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