

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Rg18078910

Report / Treatment is required of

Name..... Sabita Mali Age..... 35 year Sex..... F

Address.....

Physician / Surgeon..... Ward..... Female No. of Bed / Cabin..... F-4

Newb Ward

Paying / Non Paying

Brief history of case

Clinical Diagnosis Isch emA

Particulars point to be Investigated MRI brain. C contrast

Instruction

Date..... 4/10

Ur-28
C-0.7

Signature.....

R.G. Kar
Department of
Trauma & Orthopedics
Residential Medical Officer

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.