

V. APR 25 003867

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Gouram Dolui Age..... 52y Sex..... M

Address.....

Physician / Surgeon..... Unit - I (Med) Ward..... MMW-5 No. of Bed / Cabin..... (13)

Paying / Non Paying

Brief history of case

Δ Isch. CVA

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date..... 10/12/18

Signature..... Mandal
Visiting Physician
Dept. of Medicine
M.C.H. 3rd
R. G. Kar M.C.H., Kol-4

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