

V | 3894 / 2014-15

Plate No.

Register No. 141800862673

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Jiwal Haque Age 54yr Sex M

Address

Physician / Surgeon I Ward MMW-5 No. of Bed / Cabin 25

Paying / Non Paying

Brief history of case Is. CVA

Clinical Diagnosis MRI of Brain (P+)

Particulars point to be Investigated

Instruction

Date 11/12/18

Signature Mamun Dahi

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 2.00