

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Joygan Bibi Age 55y Sex F

Address

Physician / Surgeon Unit-I (Med) Ward FMPW-7 No. of Bed / Cabin 236

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

~~CT scan~~
MRI brain

Instruction

Date 10/12/18

Signature Mainak Mandal

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 Bismuth 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