

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Salem Sheikh Age 40y Sex M

Address

Physician / Surgeon I Ward MMW 5 No. of Bed / Cabin 215

Paying / Non Paying

Brief history of case

Clinical Diagnosis SOL urgent
contrast enhanced

Particulars point to be Investigated MRI brain & MRI spectroscopy

Instruction

Date 2/10/18

Ward 5
Coat

Signature

RMO
Dept. of Medicine
R. G. Kar Medical College
Volkata - 2

REPORT

5/10/18
8:00 AM

Urgent

9.84

PLEASE BRING ALL
PREVIOUS REPORT
দয়া করিয়া পুরোনো সমস্ত
রিপোর্ট নিয়ে আসবেন

6/10/18
8:00 AM

- Notes : (1) This form should, except in urgent cases, be signed by the Visiting Surgeon
- (2) A note should, in all fracture cases, be made as to whether the fracture is displaced or not
- (3) The time at which a Bismuth meal has been administered should be noted.
- (4) In the M. C. H. this form should be signed by the Medical Officer in Charge

Points may be removed.