

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name JAYANTI ROY Age 44 YEARS Sex F

Address

Physician / Surgeon Unit III (Med) Ward FMPW4 No. of Bed / Cabin 222

Paying / Non Paying Paying

Brief history of case Ischaemic eva (? Mass)

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain

Instruction

Date 17/12/18

Sichitra Biswas
Signature
FLOOR
MCH

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.