

4576
MP E

Plate No.

Register No. 12099075

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Ashoke Banerjee Age..... 65 Sex..... M

Address.....

Physician / Surgeon..... Neuromedicine Ward..... 704 No. of Bed / Cabin..... M-6

Paying / Non Paying

Brief history of case Incho. case

Clinical Diagnosis - MRS Brain (P+C)

Particulars point to be Investigated (C. O. G)

Instruction

Date..... 18/12

Signature..... [Signature]
R. G. KAR MEDICAL COLLEGE & HOSPITAL
Department of Neurology
Resident in Charge
Office

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. P. E.