

Plate No

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RG1800859237

Report / Treatment is required of

Name..... Bulu Saha Age 72yrs Sex F

Address..... RGKMCH

Physician / Surgeon..... Dr. S. Dasgupta Ward..... CCU No. of Bed / Cabin..... 03

Paying / Non Paying

Brief history of case

Clinical Diagnosis Ischaemic CVA

Particulars point to be Investigated MR/ Brain & MR Veno

Instruction
Date..... 19/12/18

Signature.....

REPORT

*Full signature
Designation*

Somnath Saha
19/12/18
Medical Officer
CRITICAL CARE UNIT
R. G. KAR MCH
KOLKA

- 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 of time.