

Please provide Urgent Date as we are in diagnostic dilemma.

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800688 153

Report / Treatment is required of

Name Rehana Bphi Age 26 yrs Sex F

Address

Physician / Surgeon I (Med) Ward unusu No. of Bed / Cabin 229

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MR Angio Brain.

Particulars point to be Investigated

Instruction

Date 6/10

Signature [Signature]
RMO
F.M.P. N. T. D. F.L.C.E.
R. G. KAR

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 of time