

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Rh180064800
2

Report / Treatment is required of

Name..... Abul Karim Age..... 65y Sex..... M

Address.....

Physician / Surgeon..... Unit-1 Ward..... Mmw-6 No. of Bed / Cabin..... (11)

Paying / Non Paying

Brief history of case

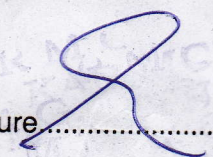
Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date..... 5/10/18

Signature..... 

REPORT

7479106117
V - 1025
PS - Hingal Guy

- 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.