

Plate No.
RG1800704550
Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sabodh Jay Age 76 yrs Sex M

Address.....
Physician / Surgeon..... V

Ward..... new 5 No. of Bed / Cabin..... 2 F 1

Paying / Non Paying.....

Brief history of case
Slurring of speech

Clinical Diagnosis
MRI - Brain

Particulars point to be Investigated

Instruction
6/10/18

Date.....

REPORT

Signature.....

Visiting Physician
Dept. of Neurology
R.G. Kar Medical College
M.C.H. - 501-4

(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 Bismuth meal has been given should be noted.
(4) In the M. C. H. this form should be filled up by the Visiting Staff.