

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Joy Mondal. Age..... 14y Sex..... m

Address.....

Physician / Surgeon..... VI Ward..... mmwr No. of Bed / Cabin..... 200

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain (P±C)

Instruction

Date..... 07/10/18

Signature..... [Signature]

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.