

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

18079-535

Report / Treatment is required of

Name..... ARATI MITRA Age..... 55 yrs Sex..... Female

Address.....

Physician / Surgeon..... VEIMED Ward..... PMW 6 No. of Bed / Cabin..... 114/N-42

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRE brain

Particulars point to be Investigated

Instruction

Date.....

Signature..... [Signature]
6/10/18
R.M.O.

REPORT

Female Medicine Ward
R.G. Kar Medical College & Hospital
On Floor

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