

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Adhir Roy Age 60y Sex m

Address .....

Physician / Surgeon VI Ward mmw5 No. of Bed / Cabin 38

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 07/10/18

*MRI Brain (P±C).  
Creatinine 1.09.*

*[Signature]*  
Visiting Physician  
Dent. Medicine

### REPORT

*P.S. Chakraborty  
6291044677  
v1064*

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