

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Shyamal Das Age 42y Sex M

Address

Physician / Surgeon IV med. Ward MOU 5 No. of Bed / Cabin 12

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MR-Angio-brain

Particulars point to be Investigated

Instruction

Date 21/12/18

Signature Dr. Subish Paul

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.