

RG 1800 704446

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Anik Saha Age 22 yrs Sex M

Address .....

Physician / Surgeon Unit VI Ward MMW No. of Bed / Cabin F3

Paying / Non Paying .....

Brief history of case Hanging

Clinical Diagnosis

Particulars point to be Investigated

MRI - Brain

Instruction

Date 8/10/18

Signature [Signature]  
RMO  
R.G. KAR MEDICAL COLLEGE  
KOLKATA

### 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) The Department at 8-30 a.m. for appointment of time.