

Plate No.

Register No.

RAJ KUMAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RU1800704668

Report / Treatment is required of

Subhas Debnath

Age 54 yr

Sex M

Address

Physician / Surgeon

Unit I Med

Ward

MMW6

No. of Bed / Cabin

2

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI brain with epilepsy
proto col

Instruction

Date

8/10/18

Signature

[Handwritten Signature]

REPORT

R. G. KAR
M. M. W. C.
Kolkata

- 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.

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