

Nr 4556

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name.....Arun kanti Chakrabarty..... Age.....73 yrs..... Sex.....M.....

Address.....

Physician / Surgeon.....Unit - II (Medicine)..... Ward.....MMW-6..... No. of Bed / Cabin.....21.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis H/O CVA

Particulars point to be Investigated MRI brain (Plane)

Instruction

Date.....20.12.18.....

Signature.....[Signature].....

R. G. KAR M.C.I.
ELECTRO THER.
2.30 PM
20/12/18

REPORT

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- 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.