

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

R61 1800892615

Name..... Pramakudu Deb Age..... 57y Sex..... M

Address.....

Physician / Surgeon..... IV Medicine Ward..... MMW6 No. of Bed / Cabin..... 6

Paying / Non Paying

Brief history of case

Clinical Diagnosis ICVA

Particulars point to be Investigated MRI Brain

Instruction

Date.....

Signature..... Pranash K. Prasad
23/12/18
R. G. KAR M.C.H.
M M W 6TH
Kolkata-4

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) In the M. C. H. this form should be sent to the X-Ray Department at 8.30