West Bengal Form No. 815	Plate No.
	Register No
R. G. KAR MEDICAL COLLEGE	& HOSPITAL
Electro Therapeutic Departm	nent
Report / Treatment is required of	Rg 1806-85 1809
Report / Treatment is required of Name	-TYS Sex M
Address	
Physician / Surgeon 57 - S. Das Ward C-TVS OF	No. of Bed / Cabin
Paying / Non Paying	
Brief history of case	
Clinical Diagnosis	
Particulars point to be Investigated MRI OF - D-L	-st.
Instruction	•
Date1011211.8	R.M.O. R.M.O. CTVS Signature epartment of CTVS A.G. Kat.M.C. Hospita R.G. Kat.M.C. Hospita Kolketa-4
	Rolketa-4

Notes : (1) This form should, except in urgent cases, by 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 peen given should be noted.