

V-4714

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R 418w 281

Report / Treatment is required of

Name..... Swarna Roy Age 30 yr Sex F

Address.....

Physician / Surgeon..... VI MBD Ward EMW-6 No. of Bed / Cabin 12

Paying / Non Paying

Brief history of case

Head ache & convulsion

Clinical Diagnosis

MR1 brain

Particulars point to be Investigated

Instruction

Date..... 24/12/18

Signature..... Tami Shree
R.G. Kar Medical College & Hospital

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.
This form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.