

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG 1800711460

Report / Treatment is required of

Name..... Mantu Mondal ..... Age..... 32y ..... Sex..... F .....

Address.....

Physician / Surgeon..... Unit 3 ..... Ward..... FMW 6 ..... No. of Bed / Cabin..... F5  
N97

Paying / Non Paying .....

Brief history of case

MRI Brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 10/10/18 .....

Signature..... R.M.O.  
Female Medicine Ward  
8th Floor  
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.
  - (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.