

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RM 8076655

Report / Treatment is required of

Name..... Sukur Ali Mondal Age..... 55 Sex..... M

Address..... ..

Physician / Surgeon..... 1 (Nemo) Ward..... N. Med (M) No. of Bed / Cabin..... M₂

Paying / Non Paying

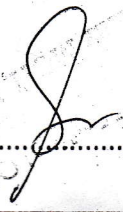
Brief history of case

Clinical Diagnosis MRI Brain (P + C) ur/ur - 21/07

Particulars point to be Investigated

Instruction

Date..... 10/10/18

Signature..... 

REPORT

শ্রীমান ব্রজেন চন্দ্র

6291293933

858430896

- 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 Bismuth meal has been given should be noted.