

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Manan Molla Age 52 Sex M

Address

Physician / Surgeon Un Ward (E) MMW6 No. of Bed / Cabin 410

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain with MR Angio

Instruction

Date 10/10/18

Signature (Signature)

REPORT

Uoa-20
Coa-0.8

9775707391
ps -> Honey
N-1198

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