

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Arati Das ..... Age..... 65yr. ..... Sex..... F .....

Address.....

Physician / Surgeon..... Unit-IV ..... Ward..... FMW6 ..... No. of Bed / Cabin..... 47 .....

Paying / Non Paying.....

Brief history of case Sudden unconsciousness.

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain c Contrast

Instruction

Date..... 12/10/18 .....

R.M.O.  
Female Medicine Ward  
Signature.....  
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