

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Biswajit Biswas Age 36 yrs Sex M

Address.....

Physician / Surgeon..... VI Ward..... MMWS No. of Bed / Cabin..... X6

Paying / Non Paying.....

Brief history of case Hanging

Clinical Diagnosis MRI Brain & Cervical spine

Particulars point to be Investigated

Instruction

Date..... 13/10/18

Signature..... [Signature]

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.