West Bengal Form No. 815

Plate No. .....

Register No. .....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG1800718102

Report / Treatment is required of

Name..... Khandare Bha Hacheriya..... Age..... 86y..... Sex..... F.....

Address.....

Physician / Surgeon..... Unit IV..... Ward..... FMPW-7..... No. of Bed / Cabin 241.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain + MR Angio brain

Instruction

Date..... 14/10/18.....

Signature.....

**REPORT**

Notes : (1) This form should, except in urgent cases, by 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.