

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Nimtu Dey Age 50 Sex M

Address .....

Physician / Surgeon V-IV Ward MMW-5 No. of Bed / Cabin 8

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis MRI - Brain

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.  
(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.