

West Bengal Form No. 815 RG 1800 723331

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Subrata Mukherjee Age 69 yr Sex M

Address.....

Physician / Surgeon..... VI Ward..... MMWJ No. of Bed / Cabin 45

Paying / Non Paying

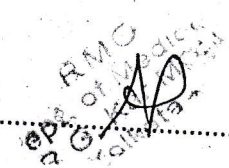
Brief history of case CVA (Ischemic)

Clinical Diagnosis

Particulars point to be Investigated MRI - Brain

Instruction

Date..... 11/0/18

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