

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RG1800726096

Report / Treatment is required of

Name..... Anubha Pal Age 52y Sex F

Address.....

Physician / Surgeon..... Unil-1 Ward..... Female No. of Bed / Cabin..... (57)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain + contrast

Instruction

Urea - 30

creatinine - 1

Date..... 17/10/18

Signature..... Arjali Pandey

REPORT

Female P.M.O. Ward
R.G. Kar

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- 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.