

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

1800568863

Report / Treatment is required of

Name..... Rama Pal Age 64yrs Sex F

Address.....

Physician / Surgeon..... IPM Ward..... FMWB No. of Bed / Cabin..... 2

Paying / Non Paying

Brief history of case ? Viral Meningoencephalitis

Clinical Diagnosis

Particulars point to be Investigated

MRI brain contrast

Instruction

Date..... 18/10

(18226)
CS

Signature.....

R.M.O. [Signature]
Female Med. Ward
6th Floor
R.G. Kar Medical College & Hospital

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.