

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Kurban Ali ..... Age..... 45y ..... Sex..... M .....

Address.....

Physician / Surgeon..... Gen CR ..... Ward..... No. of Bed / Cabin .....

Paying / Non Paying .....

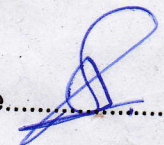
Brief history of case - Head injury

Clinical Diagnosis

Particulars point to be Investigated - MRI Brain.

Instruction

Date..... 19/10/18 .....

Signature..... 

### REPORT

Emergency Medical Officer  
R. G. Kar M.C.H.  
Koi-4

- 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