

RG1800729462

✓ 264

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... BISWANATH DAS Age..... 65y Sex..... M

Address.....

Physician / Surgeon..... unit W Ward..... mmwr No. of Bed / Cabin..... 216

Paying / Non Paying

Brief history of case }
Clinical Diagnosis } CVA ?

Particulars point to be Investigated — MRI Brain

Instruction

Date..... 18/10/18

Signature.....

RG Kar M.C.H. 5th
Dept. of Medicine
Visiting Staff
Kolkata

REPORT

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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.