RG1800729462

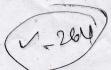


Plate No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Name DISWANATH DAS Age 65	Y Sex M
Address	
Physician/Surgeon. Unit W Ward mmw r	No. of Bed / Cabin216
Paying / Non Paying	
Brief history of case 7	
Clinical Diagnosis	18 18 18 18 18 18 18 18 18 18 18 18 18 1
Particulars point to be Investigated MLI Brain	The state of the s
Instruction	Alor of the second
Date 18 10 18	Signature
DEDODT	

Notes: (1) This form should, except in urgent cases, by 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.