

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Rita Debnath Age 61 yr Sex F

Address.....

Physician / Surgeon Unit-IV Ward FMW6 No. of Bed / Cabin 64

Paying / Non Paying

Brief history of case

Clinical Diagnosis CVN

Particulars point to be Investigated MRI of Brain (Plain)

Instruction

Date 19/10/18

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

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.