

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

R61800729379

Name Swapan Bhoosh Age 50 yrs Sex M

Address

Physician / Surgeon Unit IV med Ward mmw No. of Bed / Cabin B1

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Contrast enhanced MRI brain

Instruction

Date 19.10.18

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.