

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Shanaka Mondal Age 64y Sex F

Address

Physician / Surgeon UNIT-2 (Med) Ward Fmw-6 No. of Bed / Cabin (65)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI - Brain

Particulars point to be Investigated

Instruction

Date 19/10/18

R.M.O.
Female Medicine Ward
6th

Signature [Signature]
Srijelā
Banerjee
Inter

REPORT

- 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.