

352

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RW180732504

Report / Treatment is required of

Name KAMALA MRIDHA Age 40yrs Sex f

Address .....

Physician / Surgeon VVI Ward Ammb No. of Bed / Cabin 12

Paying / Non Paying .....

Brief history of case 2 Infracton

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date 20/10/18

Signature [Signature]  
Rituparna Kar

### 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.