

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Arjun Ray Age 45y Sex M

Address .....

Physician / Surgeon U-J (Med) Ward MMU (S) No. of Bed / Cabin 206

Paying / Non Paying .....

Brief history of case

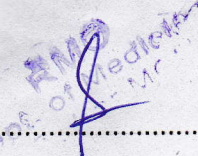
Clinical Diagnosis

Particulars point to be Investigated

MRI - Brain

Instruction

Date 19/10/18

Signature    
 R.M.S. of Medicine - Mr. ...

### 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.