

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Sumitra Ram Age 70yrs Sex F

Address .....

Physician / Surgeon V-I med Ward FMPW7 No. of Bed / Cabin 231

Paying / Non Paying .....

Brief history of case H'gic CVA

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date 21/10/18

Amyashi Sharma  
Intern  
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.