

R. G. KAR MEDICAL COLLEGE & HOSPITAL**Electro Therapeutic Department**

Report / Treatment is required of

Ph 1800 F 325

Name..... Ajija Babu Age..... 24y Sex..... R

Address.....

Physician / Surgeon..... U JLS Ward..... PSW No. of Bed / Cabin..... 30

Paying / Non Paying

Brief history of case MRCP

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 21/10/18 Signature..... [Signature]**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.