

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Ashok Sen Age 77y Sex M

Address

Physician / Surgeon UNIT-V (Med) Ward MNW-6 No. of Bed / Cabin Staff ①

Paying / Non Paying

Brief history of case Δ Ischaemic CVA(?)

Clinical Diagnosis MRI - Brain

Particulars point to be Investigated

Instruction

Date 21/10/18

Signature (Srijeta Banerjee Intern)

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