

RG 1800 732 677

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Shanker Talukdar Age..... 45 Sex..... M

Address.....

Physician / Surgeon..... VI Ward..... MW5 No. of Bed / Cabin..... X.12

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI Brain (P + C) = MRS.

Particulars point to be Investigated ~~ECG - 12 leads~~

Instruction

Date..... 11.01.18
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Anupriya Pradhan
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 Dept.