

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Soiparna Anosh Age 53 year Sex F

Address RA 1800730999

Physician / Surgeon Unit 5 Ward FMW 6 No. of Bed / Cabin 18

Paying / Non Paying

Brief history of case

Dischismic EVA (?)

Clinical Diagnosis

MRI brain

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.