

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

KL 1808242121

Report / Treatment is required of

Name..... Tibon Sarkar Age..... 60 Sex..... M

Address.....

Physician / Surgeon..... M-U-1 Ward..... MMWJ No. of Bed / Cabin..... 08

Paying / Non Paying

Brief history of case
Clinical Diagnosis MRI brain ~~plate~~

Particulars point to be Investigated

Instruction
Date..... 22/10

Signature.....
Debaraj Sarkar

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.