

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R 67

Report / Treatment is required of

Name..... Sund. Ghosh Age..... 59 Sex..... M

Address.....

Physician / Surgeon..... I Ward..... MWKS No. of Bed / Cabin..... 35

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Melbrami (PCC)

Instruction

Date..... 27/01/18

Signature.....
Visiting Physician
Dept. of Medicine
MD W 5th
R.G. Kar MCH, Kol-4

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.