

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Narayan Mondal Age 25 Sex M

Address

Physician / Surgeon I Ward MMW-5 No. of Bed / Cabin 201

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MR I + MR angiography

Instruction

Date 23/10/18

Signature Sanku Ray
(Circular stamp: R. G. KAR MEDICAL COLLEGE & HOSPITAL)

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