

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Sandipar Banerjee ..... Age..... 63y ..... Sex..... M .....

Address..... ..

Physician / Surgeon..... II ..... Ward..... MMWS ..... No. of Bed / Cabin..... F26 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis Ischaemic CVA

Particulars point to be Investigated MRI Brain

Instruction

Date..... 23/10/18 .....

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.