

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... SHYAMAL GHOSH Age..... 50 y Sex..... M

Address.....

Physician / Surgeon..... UNIT-V (Med) Ward..... MMW-6 No. of Bed / Cabin..... (X13)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain c Contrast

Particulars point to be Investigated

Instruction

Date..... 23/10/18

Signature.....

(Srijanta Banerjee Intern)

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 ...