

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Jyotsna Kothu ..... Age..... 80yr ..... Sex..... F

Address.....

Physician / Surgeon..... U.P. Medicine ..... Ward..... FMW6 ..... No. of Bed / Cabin..... 64

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date..... 28/10/11 .....

Signature.....

R. G. KAR MCH  
M. M. D. 6TH  
Kolkata-2

### REPORT

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- 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.