

✓ 000796

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800739497

Report / Treatment is required of

Name..... Milan Bala Pal Age..... 75y Sex..... Female

Address.....

Physician / Surgeon..... V-II (0) Ward..... FSW (0) No. of Bed / Cabin..... 37

Paying / Non Paying.....

Brief history of case Past h/o stroke MR I Brain

Clinical Diagnosis presented now

Particulars point to be Investigated NOF #

Instruction

Date..... 27/10/18

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.
 - (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.