

V-808/5

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Dibakar Das Age 60y Sex M

Address

Physician / Surgeon U-IV-Med Ward MMW-6 No. of Bed / Cabin X6

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date 27/10/18

Signature [Signature]
R. G. KAR MCH
M M W 6TH
Kolkata

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