

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Giridhale Mondal Age 60 Sex F

Address .....

Physician / Surgeon Int. medicine Ward PMPT-5 No. of Bed / Cabin 255

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

ICVA??

Particulars point to be Investigated

MRI Brain (P+C)

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.