

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

180.842601

Report / Treatment is required of

Name..... ABDUL SAMAD KHAN Age..... 50 yrs Sex..... Male

Address.....

Physician / Surgeon..... VI (MBD) Ward..... Med 6 No. of Bed / Cabin..... 2

Paying / Non Paying

Brief history of case

MRI brain - (Plum)

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date.....

Signature..... Med. Anurag Ghosh
MBD

REPORT

R. G. KAR
M M W 611
Kolkata

- 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.