

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name YOUNUS KHAN Age 65 Sex M

Address .....

Physician / Surgeon ortho - 1 Ward CB-0BS No. of Bed / Cabin 2-10

Paying / Non Paying ..... RG1800 640440

Brief history of case

Clinical Diagnosis RTA

Particulars point to be Investigated MRI Brain

Instruction

Date 27/10/18

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.