

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RH180073287

Report / Treatment is required of

Name..... Ashok Banerjee ..... Age..... 65 ..... Sex..... m .....

Address.....

Physician / Surgeon..... Unit-1 ..... Ward..... mmw-6 ..... No. of Bed / Cabin..... (20) .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain ~~with CSF flow~~

Instruction study

Date..... 25/10/08 .....

Signature..... Anjali Pandey .....

## 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.