

~~W-000899~~

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Rajani Sarkar Age 26 yrs Sex F

Address

Physician / Surgeon V-D Ward FAPW-7 No. of Bed / Cabin 268

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 28/10/18

MRI Brain
MR angio Brain
MR neuro Brain

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.
(4) In the M. C. H. this form should be sent to the X-Ray Department at 2.00