

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

09145

Report / Treatment is required of

Name..... Moumita Dey Age..... 21yr Sex..... F

Address.....

Physician / Surgeon..... Ward..... No. of Bed / Cabin

Paying / Non Paying

Brief history of case Head ache

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain including paranasal

Instruction Gross

Date..... 27.10.18

Signature..... [Signature]

REPORT

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- 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.