

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RC1800751773

Report / Treatment is required of

Name Rosanara Bibi Age 68 yrs Sex F

Address

Physician / Surgeon A-EI Ward Female No. of Bed / Cabin 68

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 28/10/13

MRI (brain) ~~contrast of water~~
Plain

Signature [Signature]
Female Medicine Ward
R.G. Kar Medical College & Hospital

REPORT

Urgent

B.M.O.
Female Medicine Ward
1st Floor
R.G. Kar Medical College & Hospital

- 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.