

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

1800058035

Report / Treatment is required of

Name..... Sayan Maity Age..... 5 Sex..... M

Address.....

Physician / Surgeon..... H Ward..... MWB No. of Bed / Cabin..... 12

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction
Date..... 29/10

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.