

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Jahir Hossain Galdar Age 4 days Sex M

Address

Physician / Surgeon V-I med Ward mmw5 No. of Bed / Cabin 23

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI ~~Piles~~ Abdamen

Particulars point to be Investigated

Instruction

Date 13/11/18

Auwachi Sharma

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.