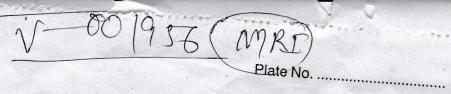
West Bengal Form No. 815



R. G. KAR MEDICAL COLLEGE & HOSPITAL Register No.

Electro Therapeutic Department

Report / Treatment is required of Name			ment	785942
Name	SAHIDA BIBL		, , , , , , , , , , , , , , , , , , , ,	16504)
Address		Age	Sex	Fenale
Physician / Surgeon	VE (MBD)		••••••	
Paying / Non Paying		Nard. Fully 6	No. of Bed / Cabin	70.
Brief history of case				
Clinical Diagnosis		MRT. brain	- MR anigne	s. Bacili
Particulars point to be Inv	estigated		0	
Instruction			18/02001 19/20	MARRIAN
Date.!	Wrea - 31			ISLAUS 8
		PORT	Signature	118.12

(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 Y-Pay De