

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Bhagebati Saradan Age 55y Sex F

Address RG1800795970

Physician / Surgeon III Ward fmcwb No. of Bed / Cabin X10

Paying / Non Paying

Brief history of case I. CVA

Clinical Diagnosis

Particulars point to be Investigated MRI brain (plain)

Instruction

Date 14/11/2018

Signature Shundeep Saha
(PLT)

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.
(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.