West Bengal Form No. 875

DIN - 21



Register No. R91800789891

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of
Name 13/0 8 wrav? Manna. Age 4d Sex Boy
Address
Physician / Surgeon U - TA Ward 08 (CVCV) No. of Bed / Cabin 04
Paying / Non Paying
Brief history of case
Clinical Diagnosis MRI brown
Particulars point to be Investigated pusq brain ! - Venosicles dilales)
Instruction
Date 15/11/18 BE DONE BY REPORT Signature MED CARE UNIT NEONAL COLLEGE & HOS R.G. KAR MEDICAL COLLEGE & HOS R.G. KAR MEDICAL COLLEGE & HOS
REPORT REG. KAR MEDICAL TOO 004

Notes: (1) This form should, except in urgent cases, by 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 tir