

RG 18 00 683748

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Debasish Paul Age..... 50yr Sex..... M

Address.....

Physician / Surgeon..... Dr. VI Ward..... MNNG No. of Bed / Cabin

Paying / Non Paying

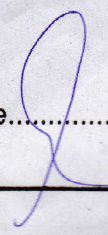
Brief history of case

Clinical Diagnosis MRI brain

Particulars point to be Investigated

Instruction

Date..... 29/9/18

Signature..... 

REPORT

~~987462254~~
P.S. Ultrasonography
R-578

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.