

RC1800804667.

Plate No.

Register No.

KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Sukumar Mondal.

Age 72y

Sex M.

Address

Physician / Surgeon VI

Ward MMS

No. of Bed / Cabin F2

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain + MRS. \bar{c} contrast

Particulars point to be Investigated

~~Diagnosis of A.M.I.~~

Instruction

Date 18/11/18

Anupriya Pradhan

Signature

REPORT

Urea - 29

Cr - 0.78

- 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.