

RG-1

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Ranu Ghosh Age 35y Sex F

Address

Physician / Surgeon

Ward N (OPD) No. of Bed / Cabin

History of case

Clinical Diagnosis

Particulars point to be Investigated MRI w contrast (brain)

Date of admission 23/8/18

DR. ARUP KUMAR DATTA
MD (Medicine) DM (Neurology)
Associate Professor
Department of Neurology
R. G. Kar Medical College

Signature

REPORT

PLEASE BRING
PREVIOUS REPORT
দয়া করিয়া পুরোনো সমস্ত
রিপোর্ট নিয়ে আসবেন

PLEASE COME BEFORE
1 HOUR OF YOUR BOOKING TIME
১ ঘণ্টা আগে আসতে হবে
বুকিং সময়ের চেয়ে

30/08/18
11:15 AM

30/08/18
10:55 AM

১০/১১/১৮
১০:৩০-৩৫

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 Bismuth meal has been given should be noted.