

V-002474

Plate No.

Register No. 180900

74

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name BHUPEN Chandra Das Age 74y Sex M

Address

Physician / Surgeon Unit @ CMed Ward MMW6 No. of Bed / Cabin (12)

Paying / Non-Paying

Brief history of case

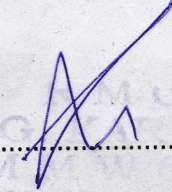
Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 18/11/18

VF = 44, CF = 1.2
MRI Brain

Signature 

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.