

R 91800804595 - V-0024

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... SOUKAT ALI Age..... 57 Sex..... Male

Address.....

Physician / Surgeon..... VI (RM) Ward..... MMW No. of Bed / Cabin..... 60

Paying / Non Paying..... Hypoglycemic Cerebral Injury

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date..... 18/11/18

Signature..... Anupriya Prodken

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.
 - (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.