

RG1800804893

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Sohagi Bairagi Age 80 yrs Sex F

Address .....

Physician / Surgeon Unit of Med Ward FMWB No. of Bed / Cabin 42

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction  
Date 10/11/18

Signature N. Bagchi  
**R.M.O.**  
**Female Medicine Ward**  
**6th Floor**  
**R.G. Kar Medical College & Hospital**

### 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.