

WOD 2667

RC1800804901

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Purnima Sardar Age 35 yr Sex F

Address

Physician / Surgeon Unit V Med Ward FMWB No. of Bed / Cabin 17

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI brain

Particulars point to be Investigated

Instruction

Date 18/11/18

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

REPORT

20/11/18
1:30 AM

- 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.