

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Mahina Pramanick Age 42 yr Sex F

Address..... ..

Physician / Surgeon..... Unit-IV Ward FMW6 No. of Bed / Cabin X8

Paying / Non Paying

Brief history of case CVA

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain

Instruction

Date..... 12/11/18

REPORT

R.M.O.
Female Medicine Ward
6th Floor
Signature: Arjun Prasad
R.G. Kar Medical College & Hospital

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 Biomechanical test is performed should be noted.