

RG1800804857
R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Plate No.

Register No.

Report / Treatment is required of

Name..... Sipra Das Age..... 67yr Sex..... F

Address.....
Physician / Surgeon..... V Ward..... FMPW-7 No. of Bed / Cabin..... 266

Paying / Non Paying
Brief history of case

Brief history of case

Clinical Diagnosis

MRI-Brain

Particulars point to be Investigated

Instruction

Date..... 19/4/18

Signature..... Ndutta

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 of the time of day when the patient was seen.
(3) The time of day when the patient was seen.