

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA1800808314

Report / Treatment is required of

Name..... Durga Saha Age..... 43y Sex..... F

Address.....

Physician / Surgeon..... Unit 1 Ward..... Amw-6 No. of Bed / Cabin..... P-13

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 19/11/18

R.M.O.
Female Medicine Ward
Signature..... Arif Hossain
R.G. Kar Medical College & Hospital

REPORT

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- Notes : (1) This form should, except in urgent cases, by 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.