

✓/2541/MRI  
RG1800804888

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Samar Chakraborty ..... Age..... 74 y ..... Sex..... Male .....

Address.....

Physician / Surgeon..... [Signature] ..... Ward..... MMW-5 ..... No. of Bed / Cabin..... (46) .....

Paying / Non Paying .....

Brief history of case  
Clinical Diagnosis  
Particulars point to be Investigated

Isch CVA  
MRI Brain

Instruction

Date..... 19.11.18 .....

[Signature]  
Signature.....

### 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.