

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG 18007/3383

Report / Treatment is required of

Name..... KRISHNOLAL DAS ..... Age..... 83 ..... Sex..... M

Address.....

Physician / Surgeon..... Med ..... Ward..... MAMW 5 ..... No. of Bed / Cabin..... 205

Paying / Non Paying .....

Brief history of case ..... Ischaemic CIA

Clinical Diagnosis .....

Particulars point to be Investigated ..... MRI Brain

Instruction .....

Date..... 11/10/18 ..... Signature..... [Signature]  
of Medical Officer  
R.G. Kar Medical College

### 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 Bismuth meal has been given should be noted.