

G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R61800707544

Report / Treatment is required of

Name Anath Bandhu Mondal Age 60y Sex M

Address

Physician / Surgeon Unit II Ward NEWS No. of Bed / Cabin F7

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI Brain (Plain + Contrast)

Particulars point to be Investigated

Instruction Ur } Normal
cr }

Date 11/10

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.
 - (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.