

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Sushil Majumdar Age 60y Sex M

Address

Physician / Surgeon U-S (Med) Ward Med 5 No. of Bed / Cabin P63

Paying / Non Paying

Brief history of case CA

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date 21/11/18

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.