

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG180080 8464

Report / Treatment is required of

Name..... Laxman Sardar ..... Age 63yr ..... Sex M .....

Address.....

Physician / Surgeon..... unit 11 ..... Ward..... MMNS ..... No. of Bed / Cabin..... 1 .....

Paying / Non Paying .....

Brief history of case ? Ischaemic CVA .

Clinical Diagnosis

Particulars point to be Investigated MRI Brain .

Instruction

Date..... 21/11 .....

Signature..... Sunandini Das .....

### 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 Pismuch must be removed.