

cl. Doctor

9874561267 - Dr. Anirjit Roy

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG-1800717510

Report / Treatment is required of

Name..... Snyamal kumar Das Age..... 54yr Sex..... M

Address.....

Physician / Surgeon..... U.V. Medicine Ward..... MMW6 No. of Bed / Cabin..... 22

Paying / Non Paying

Brief history of case Unable to walk steadily, can hold the objects.

Clinical Diagnosis

Particulars point to be Investigated MRI brain with MR spectroscopy

Instruction (P+C)

Date..... 11/10/18

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.
 - (4) In the M. C. H. this form should be sent to the ...