

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name *Sk. Ranjan Ali* Age *65yr* Sex *M*

Address

Physician / Surgeon *TA* Ward *Chest* No. of Bed / Cabin *28*

Paying / Non Paying

Brief history of case *Moderately differentiated carcinoma lung*

Clinical Diagnosis

Particulars point to be Investigated *MRI of brain*

Instruction

Date *21/11/18*

Signature *Mannaq edh*
21/11/18

REPORT

R.M.O.
Chest Medicine
R. G. K., M.C.H.
KOL-4

- 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.