

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RA 16 00 789928

Report / Treatment is required of

Name Takis Taraldan Age 22y Sex m

Address .....

Physician / Surgeon unit-1 Ward m.m.u.t No. of Bed / Cabin 20

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 20/11/16

Urea - 20  
Creatinine - 0.7

contrast MRI Brain

R. G. KAR  
M. M. W. G. S.  
KOLKATA

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 ...