Bengal Form No. 815

Plate No. .....

Register No. .....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RH1800817001

Report / Treatment is required of

Name.....Fazlur Rahaman.....Age.....65.....Sex.....M

Address.....

Physician / Surgeon.....Ward.....MMW-5.....No. of Bed / Cabin .....F1.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain (P+C)

Instruction

Date.....23/11/18

RMO

Signature.....

REPORT

Notes : (1) This form should, except in urgent cases, by 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