engal Form No. 815

Plate No. Register No. 1800055

R. G. KAR MEDICAL COLLEGE & HOSPITAL 318 **Electro Therapeutic Department**

Report / Treatment is required of			
, Durga Pramanil	Age	804 Sex P	
bss			
ician/Surgeon Uni F Vi CI	M) Ward CM	₩ b No. of Bed / Cabi	n (67)
ng / Non Paying			
nical Diagnosis M (21 brain		
articulars point to be Investigated			o ward
Instruction		P.M	100 8 HOS
Date. 14/10/18.		Signature : Signature	Sal College C
	REPORT	C. Kor Man	æt

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 X-Ray Department at 8-30 a.m. for appointment of time