

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Sova Sarkar Age 70y Sex F

Address

Physician / Surgeon Unit D (CM) Ward FMW 6 No. of Bed / Cabin (1)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date 12/10/18

Signature [Signature]
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital

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 Biomech meal has been given should be noted.