

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *291 800 822 777*

Report / Treatment is required of

Name *Asati Biswas* Age *65 yrs* Sex *F*

Address

Physician / Surgeon *VI* Ward *EMW-6* No. of Bed / Cabin *R-10*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date *25/11/18*

Female Medicine
6th Floor
R.G. Kar Medical College & H
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 sent to the X-Ray Department at 8-30 a.m. for appointment of t