

V-0027820

R/18000822779

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... SUBHASH CHOWDHURY Age..... 60 yr. Sex..... Male

Address.....

Physician / Surgeon..... VI Ward..... MMW-5 No. of Bed / Cabin..... F-8

Paying / Non Paying

Brief history of case
Clinical Diagnosis NECT Brain: Dilated ~~Basal~~ ventricle. Compressing
Brain matter.

Particulars point to be Investigated MRI Brain.

Instruction

Date..... 25/11/18.

Signature..... Shreyal Poddar

REPORT

Stamp: R. G. KAR MEDICAL COLLEGE & HOSPITAL, Dept. of Medicine, Visiting Physician

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.