

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name M arjina Bibi Age 48 y Sex f

Address

Physician / Surgeon Unit Vi (M) Ward FMWG No. of Bed / Cabin 52

Paying / Non Paying

Brief history of case Isch. CVA

Clinical Diagnosis MRI Brain

Particulars point to be Investigated

Instruction

Date 15/10/18

R. D.
Female Medicine Ward
6th Floor
Signature Medical College & Hosp

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 time.