

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R412081839

Report / Treatment is required of

Name..... Arabi Halder ..... Age..... 47y ..... Sex..... F .....

Address.....

Physician / Surgeon..... I Gen. Med. ..... Ward..... FMW-6 ..... No. of Bed / Cabin..... 15 .....

Paying / Non Paying.....

Brief history of case Hypodense lesion in parietal edema

Clinical Diagnosis

Particulars point to be Investigated MRI brain + contrast + MR Spectroscopy

Instruction

Date..... 15/10/18 ..... Signature..... [Signature] .....

R.M.O.  
Female Medicine Ward  
R.G. Kar Medical College & H

### 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.