

Plate No. ....

Register No. 261.0008/587

# H. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... FARZAN ALI MUNDAL Age..... 45 Sex..... Male

Address.....

Physician / Surgeon..... M.S.

Ward..... M.S.P.W. No. of Bed / Cabin..... 26

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

M.R.C.P.

Instruction

Date.....

Signature..... [Handwritten 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 of the position of the limb at the time of admission