

RA 800 262321 V-002791

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Mannur Mondal Age..... 20 yr Sex..... M

Address.....

Physician / Surgeon..... V-D (Med) Ward..... MMWB No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of brain

Instruction

Date..... 25/11/18

Signature..... Anup Chatterjee

REPORT

Emergency Medical Officer
R. G. Kar M.C.H.

- 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.