

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Rh 1800 744/19

Name..... Bhayan Pal Age..... 60y Sex..... M

Address.....

Physician / Surgeon..... Unit IV Ward..... MMW - 5 No. of Bed / Cabin..... R21

Paying / Non Paying


Brief history of case

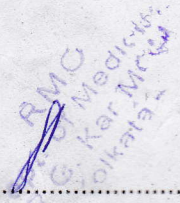
Clinical Diagnosis

Particulars point to be Investigated MRI anjo brain

Instruction

Date..... 25/10/18

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 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.