

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name ASMA BIBI Age 48y Sex F

Address .....

Physician / Surgeon Unit-III Medicine Ward PMW-6 No. of Bed / Cabin 23

Paying / Non Paying .....

Brief history of case SOL in lt. temporal lobe 24/10/18 ur - 31 mg/dl  
ur - 0.92 mg/dl

Clinical Diagnosis

Particulars point to be Investigated MRI brain [P+C]

Instruction

Date 25/10/18

Signature Anwesha Banerjee

### REPORT

R.M.O. Female Medicine Ward

- 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.