

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA1800841324

Report / Treatment is required of

Name..... Sipra Chowdhury Age..... 41 y Sex..... F

Address..... ..

Physician / Surgeon..... I. C. Med Ward..... FMW 6 No. of Bed / Cabin..... 66

Paying / Non Paying

Brief history of case

Clinical Diagnosis

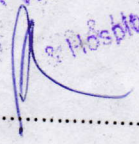
Particulars point to be Investigated

Instruction

Date..... 2/12/18

? CVA

MRI brain

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