

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Suigdha Pradhas Age..... (18) Sex..... (F)

Address.....

Physician / Surgeon..... U. P. Ward..... 6 No. of Bed / Cabin.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Cerebral spine

Instruction

Date..... 2/2/18

Signature.....

*Amra Khan*  
*Pay*  
R. G. KAR MEDICAL COLLEGE & HOSPITAL  
FEMALE MEDICAL WARD

### 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.