

V/3527
MRI

RCU8094214

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

03/12/18

Report / Treatment is required of

Name..... GULIYA DEBI Age..... 70 yr Sex..... F

Address.....

Physician / Surgeon..... VI Ward..... RMW-6 No. of Bed / Cabin..... 31

Paying / Non Paying

Brief history of case
HD, uncontrolled HTN, CVA
MRI brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 03/12/18

Signature..... Jasim Ahmed

R.M.O.
R.G. Kar Medical College
Rajshahi Medicine 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