

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Reg 18093593

Report / Treatment is required of

Name..... Koishna Das Age..... 45 yrs Sex..... F

Address.....

Physician / Surgeon..... II med Ward..... EMWB No. of Bed / Cabin..... 43

Paying / Non Paying

Brief history of case 20VA

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction (cont contrast)

Date..... 8/12/18 Signature..... [Signature]

REPORT

R.M. D. Ward
Female Medicine Ward
6th Floor
R. G. Kar Medical College & Hospital

- 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.