Plate No. Register No. RC 1800742106

R. G. KAR MEDICAL COLLEGE & HOSPITAL **Electro Therapeutic Department**

Report / Treatment is required of Name	551	Sex
Jathy & Lachlini M	ullickAge	
Name		Maa
Address	Ward (8085	. No. of Bed / Cabin
Address		
Paying / Non Paying		
Brief history of case		
Clinical Diagnosis	1RI - Corviral stine.	^
Particulars point to be Investigated	TKI - comma wine.	(With
Instruction		Signature
Date	REPORT	

J, in all fracture cases, be made as to whether the splints may be removed. which a Bismuch meal has been given should be noted. to the V-Ray Department at 8-30 a.m. for appointment of time