

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Krishna Bhahma Age..... 60 yrs Sex..... m

Address.....

Physician / Surgeon..... Unit Sr med Ward..... M.M.W.6 No. of Bed / Cabin..... 25

Paying / Non Paying

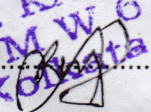
Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date..... 25.10.18

Signature..... 

R.G.K.M.C.
R. G. KAR MCH
M.M.W.6TH
Kolkata

REPORT

- Notes : (1) This form should, except in urgent cases, be signed by the Visiting
(2) A note should, in all fracture cases, be made as to whether the s
(3) The time at which a Bismuch meal has been given should be n
(4) In the M. C. H. this form should be sent to the X-Ray Departme