

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

Register No.

RG18080568

Report / Treatment is required of

Name..... ABDUL HUSSAIN MONDAL Age..... 65 Sex..... M

Address.....

Physician / Surgeon..... W Med Ward..... MMW 5 No. of Bed / Cabin..... 57

Paying / Non Paying

Brief history of case

Clinical Diagnosis

? Multiple Myeloma

Particulars point to be Investigated

MRI Brain

Instruction

Date..... 26/10

Signature..... A. Ghosh
R.G. Kar M.C.H. Kolkata

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.
(4) In the M. C. H. this form should be sent to the X Ray Department.