

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

V.C. 60 3783
MBA

Report / Treatment is required of RG1800865 802

Name Ramji Shaw Age 78 Sex M

Address

Physician / Surgeon D (M) Ward UMWS No. of Bed / Cabin X6

Paying / Non Paying

Brief history of case Isch-CVA (2)

Clinical Diagnosis

Particulars point to be Investigated MRI BRAIN

Instruction

Date 12/12/18 Signature 

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 at 8-30 a.m. for appointment of time.