

W33
MRE

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Gauri Jain Age 60y Sex F

Address

Physician / Surgeon U-IV-S Ward FSW(N) No. of Bed / Cabin X1

Paying / Non Paying

Brief history of case 2 CA Gall Bladder

Clinical Diagnosis

Particulars point to be Investigated MREP

Instruction

Date 13/12/18

Dipanwita
Biswas
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.