

Plate No. ....

Register No. 261867562

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Sumitra Das Age 44yr Sex F

Address .....

Physician / Surgeon Chak Ward F. 2001 No. of Bed / Cabin 67

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date .....

M. R. Firdausy

Signature Chak

### 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.