

RG 1800751672

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... SUMITRA GHOSH ..... Age 45y ..... Sex F .....

Address.....

Physician / Surgeon..... Med Unit VI ..... Ward..... F1W6 ..... No. of Bed / Cabin..... (23) .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date..... 29/10/18 .....

Wameta B. M. O. Bagchi  
Signature.....  
Female Medicine  
6th Floor  
R.G. Kar Medical College & Hospital

### REPORT

Form should, except in urgent cases, be signed by the Visiting Staff.  
e should, in all fracture cases, be made as to whether the splints may be removed.  
me at which a Bismuch meal has been given should be noted.  
M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.