

✓ 4320  
MRD

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

RG1800878961

Name..... Uttam Mondal ..... Age..... 63 ..... Sex..... M .....

Address.....

Physician / Surgeon..... I ..... Ward..... MM10-5 ..... No. of Bed / Cabin..... (31) .....

Paying / Non Paying .....

Brief history of case 40 - slurring of speech

Clinical Diagnosis MRI brain

Particulars point to be Investigated

Instruction

Date..... 17/12/18 .....

Signature..... Shrinjay Roy .....

R.G. Kar M.C.H., Kol-4  
Dept. of Neurophysiology  
Physician

### 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.