est Bengal	Form	No.	81	5
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RG 1800749503.

Plate No	

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of Name	Age 74 yrs Sex M
Address	
Physician/Surgeon	ard
Paying / Non Paying	
Brief history of case	
Clinical Diagnosis	Broin (P+C) probler
Particulars point to be Investigated	Brother Probler
nstruction	Brain (P+C) Aupriyan ProdLar Signature
Date 29/10/18	Signature
D	EDODT

Notes: (1) This form should, except in urgent cases, by 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 Rismuch meal has been given should be noted