

V-00949

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Santosh Das Age..... 59yr Sex..... M

Address.....

Physician / Surgeon..... V-1/45 Ward..... TCU No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis Δ? Gall stone hepatitis MRCO

Particulars point to be Investigated

Instruction

Date..... 29/10/13

Signature..... [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.