

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG 1800755768

Report / Treatment is required of

Name..... Rebia Mbi ..... Age..... 55y ..... Sex..... f .....

Address.....  
.....

Physician / Surgeon..... I. G. Med ..... Ward..... Amw 6 ..... No. of Bed / Cabin..... R-6 .....

Paying / Non Paying.....  
.....

Brief history of case  
..... ? Ischemic CVA. .....

Clinical Diagnosis  
..... MRI brain .....

Particulars point to be Investigated

Instruction

Date..... 29/12/18 .....

Signature..... Amtra Karmkey .....

### 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.