

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Ram Prasad Dhali Age 60 yr Sex M

Address .....

Physician / Surgeon U D Ward MMNS No. of Bed / Cabin Xc

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain (Plain)

Particulars point to be Investigated

Instruction

Date 29/10/18

Tanmoy Bhattacharjee  
(Consultant)  
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.