engal Form No. 815

RG180072777740

Register No. .....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Raju Bhuia Age 20y Sex M

Address .....

Physician / Surgeon ..... Ward CCU No. of Bed / Cabin 8

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated Fever c Rash

nstruction Consider for MRI brain with Contrast

ate 30/10/18.

Signature ..... Medical Officer CRITICAL CARE UNIT (CCU) R. G. KAR MCH KOL-4

REPORT

: (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 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.