

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1200759374

Report / Treatment is required of

Name..... Sanjib Kundu Age..... 53y8 Sex..... M

Address.....

Physician / Surgeon..... unit II Ward..... MMW5 No. of Bed / Cabin..... 204

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date..... 31/10

Signature.....

Visiting Physician
Dept. of Medicine
MMW 5th
R.G. Kar M.C.H. &

REPORT

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- 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.