

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

PH1500526912

Report / Treatment is required of

UR. Grewal

Name..... Sushil Mondal ..... Age..... mal ..... Sex..... 48yr .....

Address.....

Physician / Surgeon..... MMW/5 ..... Ward..... V-11 ..... No. of Bed / Cabin..... F10 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI (P+C)  
Brain

Ur = 29  
Cr = 0.8

Instruction

Date..... 31/10/16 .....

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 submitted to the M. D. ...