

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800762759

Report / Treatment is required of

Name..... Biswajit Baidya Age..... 38y Sex..... M

Address.....

Physician / Surgeon..... Unit III Ward..... MMW-5 No. of Bed / Cabin..... 26.

Paying / ~~Not~~ Paying

Brief history of case

MR Angiogram of Brain

Clinical Diagnosis

Haem. CVA.

Particulars point to be Investigated

P. Pal.

Instruction

W-18
Out-0.8

Date..... 1/11/18

Signature.....
RMG
Sp. of Medicine
R. G. Kar Medical College
Kolkata

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.