

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name *Ayub Ali Mondal* Age *68y* Sex *M*

Address .....

Physician / Surgeon *U-IV-Med* Ward *MNMG* No. of Bed / Cabin *4*

Paying / Non Paying .....

Brief history of case *Ischaemic CVA*

Clinical Diagnosis

Particulars point to be Investigated *MRI Brain*

Instruction

Date *5/11/18*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 sent to the X-Ray Department at 8-30 a.m. for appointment of time