

sr 001269

Plate No.

Register No. R1800766113

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Manjula Dutta Age..... 63yrs Sex..... F

Address.....

Physician / Surgeon..... OP Medicine Ward..... PMW No. of Bed / Cabin..... 58

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated contrast enhanced - MRI brain

Instruction

Date..... 1/11/18

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