

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Faida Bhabok ..... Age..... 46y ..... Sex..... F .....

Address.....

Physician / Surgeon..... W-IV-Med ..... Ward..... FMWG ..... No. of Bed / Cabin..... 36 .....

Paying / Non Paying .....

Brief history of case Headache

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 2/11/18 .....

Female Medicine Ward  
5th Floor  
R.G. Kar Medical College & Hos  
Signature.....

### REPORT

03/11/18  
3.25 AM

- 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.