

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Shrabane Dutta Age 34y Sex F

Address

Physician / Surgeon U-IV Med Ward FMW-6 No. of Bed / Cabin 7

Paying / Non Paying

Brief history of case CVA

Clinical Diagnosis

Particulars point to be Investigated

MR Angiography
of brain

Instruction

Date 2/11/18

Signature [Signature]
R. G. KAR MCH
MM DUTTA
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.
- Department at 8-30 a.m. for appointment of