.815

Plate No. ....

Register No. 658873

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name A. N. Saha

Address .... Age 42 Sex M

Physician / Surgeon .... Ward ....

Paying / Non Paying .... No. of Bed / Cabin ....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MR Angiogram of Ceribral vessels & Neck vessels.

Instruction

Date 27/09/18

Signature ....

REPORT

(1) This form should, except in urgent cases, by signed by the Visiting Staff.

(2) A note should, in all fracture cases, be made ...

(3) The time at which ...