

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Pravas Mondal Age 58 Sex M

Address .....

Physician / Surgeon U-12 Med Ward MMW-5 No. of Bed / Cabin 54

Paying / Non Paying .....

Brief history of case MRI Brain

Bld Ur- 28  
Cr- 0.6

Clinical Diagnosis

Particulars point to be Investigated M/O Ischemic CVA

Instruction

Date 2/11/2018

Signature Anshu  
Med. Intern

### 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.