

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RCM1800762725

Report / Treatment is required of

Name..... Bhiktu Mondal Age..... 70yr Sex..... M

Address.....
Physician / Surgeon..... unit 10 Ward..... MMW-5 No. of Bed / Cabin..... F4

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 2/11/18

*MRI Brain.
Disorientation + Dyselectrolytemia*

Signature..... Priyanka Pal
*R.M.C.
Dept. of Medicine
R.G. Kar
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.
 - (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.