

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

R61800779369

Name..... Sania Parveen ..... Age..... 22y ..... Sex..... F .....

Address.....

Physician / Surgeon..... Unit 3 ..... Ward..... FMW 6 ..... No. of Bed / Cabin..... A16 .....

Paying / Non Paying .....

Brief history of case MRI Brain (P + C)

Clinical Diagnosis

Particulars point to be Investigated Urea: 39

Instruction creat: 0.89

Date..... 8.11.18 .....

Signature..... Sandip Maji  
(Ink)

### 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.