

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Shyam Sunder Dey ..... Age..... 75 yrs ..... Sex..... M  
Address.....  
Physician / Surgeon..... IV ..... Ward..... MMW-5 ..... No. of Bed / Cabin..... 26  
~~Paying / Non Paying~~ .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 19/10/18 .....

Signature..... [Signature]  
R.M.G.  
Dept of Medicine  
R.G. Kar Medical College  
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.