

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Puspa Kundu Age 60 Sex F

Address .....

Physician / Surgeon U-IV Ward FMPW-7 No. of Bed / Cabin 258

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI brain +

MRI angio brain

Particulars point to be Investigated

Instruction

Date 12/11/18

Signature [Signature]  
W RMO  
G. 7th Floor  
K. 7th Floor  
JCH

### 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.