- (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
  - The time at which a Bishuch meat has been or an anough be noted.
- (2) A note should, in all tracture cases, be made as to whether the splints may be removed
- Notes: (1) This form should, except in urgent cases, by signed by the Visiting Stati

West Bengal Form No. 815

Plate No. ....

Register No. 18 00 7 862+

## R. G. KAR MEDICAL COLLEGE & HOSPITAL Electro Therapeutic Department

Report / Treatment is required of Name ASWS Kumar	Saha Age 48	SexM
Address	a management	
Physician/Surgeon. U-W.	Ward MMN -5	No. of Bed / Cabin F - 3
Paying / Non Paying		
Brief history of case		
Clinical Diagnosis	RI-Brain.	
Particulars point to be Investigated	(KI - Widen,	
Instruction		
Date		Signature Ritu Briswa,
	REPORT	ept of Medicit