

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

PG 18087743

Name..... Sandhya Pramanick Age..... 45 yr Sex..... F

Address.....

Physician / Surgeon..... medicine(V) Ward..... Ampw-7 No. of Bed / Cabin..... 247

Paying / Non Paying.....

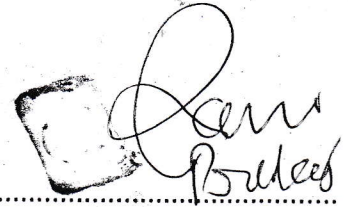
Brief history of case CVA

Clinical Diagnosis

Particulars point to be Investigated MRI brain.

Instruction

Date..... 12/11/18

Signature..... 

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 patient is brought to the hospital should be noted.