

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

KR 18002456

Report / Treatment is required of

Name..... Subarata Duttar Age..... 57 Sex..... F

Address.....

Physician / Surgeon..... Sur. Pradyumn II Ward..... TCU(S) No. of Bed / Cabin.....

Paying / Non Paying Haemorrhagic CVA

Brief history of case

Clinical Diagnosis MRI BRAIN

Particulars point to be Investigated

Instruction

Date..... 13/4/18 Signature..... Dr. Anubrata

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 Discharge...