

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG180077092

Report / Treatment is required of

Name ^{Bishu} Bibhu Tudu Age 35 Sex M

Address

Physician / Surgeon M-117 Ward MMW7 No. of Bed / Cabin 21

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI Brain

Particulars point to be Investigated

Instruction

Date 13/11

Kolkata -
M M W 6TH
R. G. KAR MCH
M M C
Signature *[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 Bismuch meal has been given should be noted.
(4) In the M. C. H. this form should be ...