

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department . R418088366.

Report / Treatment is required of

Name..... MD Fekun Age..... 55 Sex..... M

Address.....

Physician / Surgeon..... M-U-J Ward..... MMWZ No. of Bed / Cabin..... 28

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date..... 28/11

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
(3) The time at which a Bismuch meal has been given should be noted.
(4) In the M. C. H. this form should be signed by the Staff.