

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Rohit Shans Age..... 18 Sex..... M

Address.....

Physician / Surgeon..... U-TU Ward..... MW-5 No. of Bed / Cabin..... X-2

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI brain (P+C)

Particulars point to be Investigated

area } WML -
creat }

Instruction

Date..... 13/10/18

Visiting Physician
Dept. of Medicine
Signature..... Ritu Biswas

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 sent to the X-Ray Department at 8-30 a m. for appointment of time