No.	815
110.	

Plate No.	 	

Register No.

G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RC, 1800 568923

nt / Treatment is required of Acuita Das	Age Styn Sex P
sian/Surgeon. U-II (140)	Ward
ing / Non Paying	
lef history of case	
Clinical Diagnosis	MRI (brain) - pre contrast
Particulars point to be Investigated	Wica - 33
Instruction	Oreat - 0.8 Signature Pratu Ry
Date22/10/18	REPORT

Notes: (1) This form should, except in urgent cases, by 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.

In the M.C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.