

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Mala Sen Age..... 58 yrs Sex..... F

Address.....

Physician / Surgeon..... V-I med Ward AMPW7 No. of Bed / Cabin..... 249

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain (Plain + Contrast)

Particulars point to be Investigated

Instruction

Date..... 22/11/18

Awashi Sharma
RMO
W. KAR MEDICAL COLLEGE
G. KAR MEDICAL COLLEGE
FLOOR
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 Rismuch meal has been given should be noted