

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA 1800829597

Report / Treatment is required of

Name Ajibay Rahman Mallick Age 70 Sex M

Address

Physician / Surgeon O-P Ward MMW-5 No. of Bed / Cabin 32

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI plain (Brain)

Instruction

Date

27/11/18

Signature

[Handwritten 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 sent to the X.R. Dept.