

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of RG-1800811734

Name Fulmala Das Age 56y Sex F

Address .....

Physician / Surgeon II (S) Ward PSW No. of Bed / Cabin (7)

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis MRI - brain

Particulars point to be Investigated

Instruction  
Date 28/11/18

Signature [Signature]

### REPORT

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- 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.