

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RH180832742

Report / Treatment is required of

Name SK Basir Ahamed Age 44 Sex M

Address .....

Physician / Surgeon IV Ward MMWS No. of Bed / Cabin F-62

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 29/11/18

? cVA (NCT previous WA)  
MRI brain (P+C)

Signature [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) ... .. has been given should be noted.