

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RGK0835773

Report / Treatment is required of

Name..... PRAKASH CH. BISWAS ..... Age..... 34yrs ..... Sex..... Male .....

Address.....

Physician / Surgeon..... Unir - IV (MedSw) Ward..... MMW6 ..... No. of Bed / Cabin..... 3 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated - Contrast Enhanced

Instruction MRI Brain

Date..... 11/12/18 .....

Signature.....

REPORT

*S. S. S. S.*  
R. G. KAR MCH  
M. C. H. 6TH  
Kolkata

- 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.