

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Pl 18 00 851381

Report / Treatment is required of

Name..... Dulal Raha Age..... 54 Sex..... M

Address.....

Physician / Surgeon..... IV (Med) Ward..... MMW-5 No. of Bed / Cabin..... F 33

Paying / Non Paying free

Brief history of case a fontine hemorrhage

Clinical Diagnosis ~~MRI~~ brain (P+C)

Particulars point to be Investigated

Instruction
Date..... 6/12/18

Signature..... *Abhoyjit Ray*
(RT)

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.