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✓ BCB
MKZ

Reg 1800853927

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Ramapada Ghosh Age..... 70 Sex..... M

Address.....

Physician / Surgeon..... IV Ward..... MMW5 No. of Bed / Cabin..... 16

Paying / Non Paying..... free

Brief history of case Hemorrhagic CVA.

Clinical Diagnosis MRI brain

Particulars point to be Investigated

Instruction

Date..... 6/12/18

Signature..... Alagappa Ray

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-Ray Dept.