

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Sushen Das Age 55 Sex M

Address .....

Physician / Surgeon II Ward MW-5 No. of Bed / Cabin 26

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 9/12/18

MRI brain

Visiting Physician  
Dept. of Physiotherapy  
Dr. MM Saigine  
R.G. Kar Medical College  
Kolkata-4

Signature .....

### REPORT

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff.  
(2) A note should be made in all fracture cases.