| Plate No.  | *************************************** |    |
|------------|-----------------------------------------|----|
|            |                                         |    |
| Register I | No. R6/2008381                          | 03 |

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

**Electro Therapeutic Department** 

| Report / Treatment is required of                                                                      |
|--------------------------------------------------------------------------------------------------------|
| Name SITA MONDAL Age 704 Sex P                                                                         |
| Address                                                                                                |
| Physician/Surgeon II - NS Ward TF w(3) No. of Bed/Cabin T-//                                           |
| Paying / Non Paying                                                                                    |
| Brief history of case                                                                                  |
| Clinical Diagnosis Decilar Wilery anewrysm,                                                            |
| Clinical Diagnosis  Barilar Wilery anewrysm,  Particulars point to be Investigated MR angrogram brain' |
| Instruction  Date 12 /12 /18  Signature Ancesha Baseye                                                 |
| REPORT                                                                                                 |

Notes: (1) This form should, except in urgent cases, by signed by the Visiting Staff.

(2) A note should, in all fracture cases, be made as to whether the splints may be removed.