

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 1800867423

Report / Treatment is required of

Name..... BIPUL BARIAGI Age 45 yr. Sex M

Address.....

Physician / Surgeon..... [Signature] Ward MMW-6 No. of Bed / Cabin (31)

Paying / Non Paying

Brief history of case cerebral edema & SOL

Clinical Diagnosis MRI Brain (P+C) & MR spectroscopy

Particulars point to be Investigated

Instruction

Date..... 12/12/18

Signature..... [Signature]

REPORT

[Stamp]
R. G. KAR MC
M M W GTH
Kolkata-7

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...