

2934
MRD

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

1810 871569

Report / Treatment is required of

Name..... *Purnima Das* Age..... *55* Sex..... *F*

Address.....

Physician / Surgeon..... *IV* Ward..... *PMW-1* No. of Bed / Cabin..... *264*

Paying / Non Paying

Brief history of case


Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... *14/12/18*

MR of brain
(P+C)

Dr. Arijit Roy

Signature.....

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 Department at 8-30 a.m. for appointment of time.