V1 4/65

Plate No. Register No. R.G. 1 8 09 692)

G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is require		2.
Name Riti ya	Bíbî Age	30 Y Sex F
Address SONO PUKO	L. XJOXHA 24-, P	orejanes
Physician / Surgeon	Dung Ward AVH Sp.	(f.) No. of Bed / Cabin
Paying / Non Paying		
Brief history of case	Surperfrial The	sombophildoités
Clinical Diagnosis		
Particulars point to be Investigated	MRP with Contras	t of Thonas and R.M.O. CTVS
Instruction	Abdomen	R.M.O.
Date 14/12/18		Signature Dr. gams
	REPORT	Vous
		Romala 1

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.

(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.