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4181
Plate No.
Register No. R 11800865674
G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of
Name Bichu data kaiputra Age 60y Sex M
Address.....
Physician / Surgeon H. NP. Ward Room-6 No. of Bed / Cabin (57)
Paying / Non Paying
Brief history of case MR Angiography of cerebral vessels
Clinical Diagnosis Subal Haemorrhage
Particulars point to be Investigated
Instruction
Date.....

Swati Banerjee
R.M.O.
R.G. Kar Medical College & Hospital
Signature.....
R.G. Kar Medical College & Hospital

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.