West Bengal Form No. 815	v/21224/mRS	Plate No
	V 226	Register No.
R. G. KAR ME	DICAL COLLEGE	& HOSPITAL
Elect	ro Therapeutic Depart	
Report / Treatment is required of		
Name Xungonan	formanne Age	6.6 Sex Fernall
Address	~	
Physician/Surgeon	W In Ward RCV	
Paying / Non Paying	·····	
Brief history of case		l'in
Clinical Diagnosis	T2RFE syncopal	, attack She cont
Particulars point to be Investigated	MRI Brain (Plain & Contrast
Instruction		
Date 14/11/18		Signatureaui Maic
	REPORT	atory kar
그는 그 아파 아파는 바람이 가지 않는 것이 많다.		200 Pa 6.

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.