

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Chaya Jain Age 35 Sex F

Address

Physician / Surgeon unit 2 medicine Ward FMPW-7 No. of Bed / Cabin 249

Paying / Non Paying

Brief history of case
Clinical Diagnosis Ischemic CVA

Particulars point to be Investigated MRI - Brain (Plain & contrast)

Instruction

Date 20/10/18

Signature Shara Das
unit 2 medicine

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.