

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800732523

Report / Treatment is required of

Name..... Gopal Dey Age..... 58 Sex..... M

Address..... ..

Physician / Surgeon..... U-VI Ward..... N.M.W. No. of Bed / Cabin..... 208

Paying / Non Paying

Brief history of case ? Meningitis

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 20/10/18

Signature..... Prabhat Kumar

AMO H.S U-VI GM

Reg. of Medical U-VI

Reg. of Karnataka

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 Bismuth 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.