

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RKM/R4

1800 732525

Report / Treatment is required of  
Name..... LA RANI DAS. Age..... 70 yrs. Sex..... Female.

Address.....

Physician / Surgeon..... VE (MBD) Ward..... F Med No. of Bed / Cabin..... 70

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI brain (Plain)

Particulars point to be Investigated

Instruction

Date..... 20/10/18

Signature..... Mr. Aminal Hossain  
DMT, Med VI.  
R.M.O.

Female Medicine Ward  
6th Floor  
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 t