West Bengal Form No. 815

34 2437

Plate No..... RGKM/OR1800736122

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RBSK R. G. Kar Medical Report / Treatment is required of College & Hospital Name Bristi Shil Age 17 Sex F

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

PAYMENT MAY BE DONE BY RBSIL FUND

R. G. KAR MEDICAL COLLEGE & HOSPITAL, KOL4

REPORT

MRI Brain

Emergency Madical Officer

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