

G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name *Nirupa Banik* Age *55* Sex *F*

Address

Physician / Surgeon *Neurologist* Ward No. of Bed / Cabin *En*

Paying / Non Paying

Brief history of case *Headache & vomiting*

Clinical Diagnosis

Particulars point to be Investigated

MR Spectrography

Instruction

Date *30.11.18*

Suman Barui
Residential Medical Officer
Trauma Care Centre
Department of Neuro Sciences
R.G. Kar MCH, Kolkata

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 time.