

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

R4 1800859266

Name Durga Singh Age 65 Sex F

Address

Physician / Surgeon II Ward PMPW-7 No. of Bed / Cabin 255

Paying / Non Paying

Brief history of case

do sudden onset of LOC & altered sensorium

Clinical Diagnosis

MRI of brain.

Particulars point to be Investigated

Instruction

Date 10/12/18

Signature Shripati Roy

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.