

# G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

*Handwritten notes in blue ink, possibly a patient ID or name: 12/18/05/132*

Part / Treatment is required of

*SARASWATI CHATTERJEE*

Age *70*

Sex *F*

Address.....

Physician / Surgeon..... *DNS* Ward..... *6-035* No. of Bed / Cabin.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

*MH CS & C whole spine*

Particulars point to be Investigated

*screening*

Instruction

Date.....

*10/12/18*

Signature.....

*Handwritten signature in blue ink*

### REPORT

*Handwritten signature of Rogi Sahayak*  
Full Signature of Rogi Sahayak

*Handwritten signature*

Countersignature of on duty DNS

Received the service & I have not paid any amount for the service  
*BADUSEN*  
Signature / LTI of the patient