

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RH1800876518

Report / Treatment is required of

Name ARIJAN BIBI Age 227 Sex F

Address

Physician / Surgeon II Ward fmw 6 No. of Bed / Cabin 44

Paying / Non Paying

Brief history of case Brain SOL

Clinical Diagnosis

Particulars point to be Investigated MRI Brain (Plain + contrast)

Instruction

Date 16/12/2018

Signature Shivadeep Sankar

REPORT

Urea - 24 mg/dl
Cr - 0.8 mg/dl

16/12/2018

R. (RST)
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital

- 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.