

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Rg 18098644

Name..... Katy Molla ..... Age..... 50 ..... Sex..... M .....

Address.....

Physician / Surgeon..... I ..... Ward..... mmw-5 ..... No. of Bed / Cabin..... 32 .....

Paying / Non Paying .....

Brief history of case yo - Vertigo > 3 days

Clinical Diagnosis MRI brain (Plain)

Particulars point to be Investigated

Instruction

Date..... 17/12/18 .....

Signature..... Bhijoy Roy .....

### REPORT

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- 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.