

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Swapan Bhadma Age 50y Sex M

Address .....

Physician / Surgeon ..... Ward AVH-J No. of Bed / Cabin 192

Paying / Non Paying .....


Brief history of case HO headache & dizziness

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date 17/12/18

  
Signature Riddhima Biswas

### REPORT

Medical Officer  
Department of Cardiology  
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 Bismuth 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.