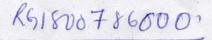
| West Bengal Form No. 815 | West | Benga | I Form | No. | 815 |
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| Plate No. | | | |
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Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

| Report / T | reatment is require | d of | | | | | | |
|------------------|----------------------|---------|----------|---------|----------|--------------|------|-----|
| Name | Sahaneira | Bis; | | Age37 | y | Sex | | |
| Address | | | | | () | | | |
| Physician / Surg | eon | | Ward | EMPWZ | No. o | f Bed / Cabi | n 22 | -5- |
| Paying / Non Pa | ying | Sperted | 1 Closel | boal at | SCON | Malie | mai | u_ |
| Brief history of | case | speca | | | | 1, -(| | J. |
| Clinical Diagnos | sis | | _ | | | 0 | | |
| Particulars poin | t to be Investigated | (MRI- | +mRS |) brain | | div | 1716 | hos |
| Instruction | 11 | | | | | MAG | | |
| Date | 111/18 | | | | Signatur | | | |
| 1 | | | REPOR | Ť. | | | | |

Notes: (1) This form should, except in urgent cases, by 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.