

R91800 799 354

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Rina Bhattacharya Age 67 Sex F

Address

Physician / Surgeon Unit IV Ward FMPW-7 No. of Bed / Cabin 251

Paying / Non Paying


Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of brain

Instruction

Date 15/11/18


 FMPW 7th FLOOR
 R. G. KAR MCH

Signature

REPORT

- 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.