

383A

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 1809658V

Report / Treatment is required of

Name Tulu Barel Age 36 y Sex R

Address

Physician / Surgeon I. G. Med Ward PM 06 No. of Bed / Cabin 61-9
(N-8)

Paying / Non Paying

Brief history of case ? CIA

Clinical Diagnosis MR I Brain

Particulars point to be Investigated

Instruction

Date 10/12/18

Signature [Signature]
Female Medical Ward
R.M.O.

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.