

V. - 001387

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 18007575
97

Report / Treatment is required of

Name..... Myanamoti Halder Age 65 Sex F

Address.....

Physician / Surgeon..... U-II Ward F.M.P.W.-7

Paying / Non Paying No. of Bed / Cabin 227

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date.....

03/10/18

MRI (P+C) < u-15
cy 0.5

Signature.....

Pratteria

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