

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sabita Barui Age..... 53 y Sex..... F

Address..... ..

Physician / Surgeon..... Neuro medicine Ward..... .. No. of Bed / Cabin..... F

Paying / Non Paying

Brief history of case fo Degenerative Osteoarthritis

Clinical Diagnosis MRI both knee (R/L)

Particulars point to be Investigated

Instruction

Date..... 30.10.18

Dr. Sumit Barui
Signature.....

REPORT

Emergency Medical Officer
R. G. Kar M.C.H.
KOL-4

8017104942

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.