

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name DURGA DAS Age 50y Sex F

Address

Physician / Surgeon Unit - IV Medicine Ward PMW-6 No. of Bed / Cabin 47

Paying / Non Paying

[ur - 23 mg/dl
ur - 0.99 mg/dl]

Brief history of case

Clinical Diagnosis

Non-compressive myelopathy

Particulars point to be Investigated

MRI of D/L spine

Instruction

± Contrast

Date 5/11/18

Signature

Anuska Banerjee
R.G.K.M.C.
Unit - IV Medicine Ward
6th Floor
R.G.K.M.C. & Hospital

REPORT

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- 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 Dept.