

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

18085931

Report / Treatment is required of

Name..... Satya Narayan Das Age..... 80 Sex..... M

Address.....

Physician / Surgeon..... uro - II Ward..... urosurgery No. of Bed / Cabin..... 28

Paying / Non Paying

Brief history of case Carcinoma Penis

Clinical Diagnosis

Particulars point to be Investigated MRI - Pelvis & Perineum.

Instruction

Date..... 5/11/18

Visiting Surgeon
Dept. of General Surgery
R.G. Kar M.C. Hospital
Kolkata - 700 001

Signature..... Sushmita
5/11/18

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.