

Very Very Urgent

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Urbashi Mondal Age..... 60yrs. Sex..... F

Address.....

Physician / Surgeon..... VIA Ward..... ANW No. of Bed / Cabin

Paying / Non Paying

Brief history of case Carcinoma Cervix

Clinical Diagnosis

Particulars point to be Investigated MRI Pelvis

Instruction

Date..... 06/11/18

Signature..... UDM

REPORT

06/11/18
R.G. KAR MEDICAL COLLEGE & HOSPITAL
DEPT. OF ELECTROTHERAPY

should, except in urgent cases, be signed by the Visiting Staff.
d, in all fracture cases, be made as to whether the splints may be removed.
which a Bismuch meal has been given should be noted.
1. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.