

R9160.67/35

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Pranoy Paul Age..... 22y Sex..... Male

Address..... -

Physician / Surgeon..... Unit III Ward..... MMOS No. of Bed / Cabin..... X5

Paying / Non Paying.....

Brief history of case..... Intermittent-Quadriplegia X10dgs

Clinical Diagnosis..... MRI cervical spine c screening of dorsal spine

Particulars point to be Investigated.....

Instruction.....

Date..... 9/11/18 Signature..... Dusha

REPORT

- (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.