

R41800 782078

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Srikanta Deb Age..... 287 Sex..... M

Address.....

Physician / Surgeon..... Ward..... CBOBS No. of Bed / Cabin..... 87

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI of cervical spine.

Instruction

Date..... 10/11.....

Signature..... [Signature]

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.