

Plate No.

Register No. 1800793125

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

ER - 17033)

Report / Treatment is required of

Name..... Ajed Sardar Age..... 55 Sex..... M

Address.....

Physician / Surgeon.....

Paying / Non Paying Ward..... C.B.O.B.S No. of Bed / Cabin.....

Brief history of case Quadriplegia

Clinical Diagnosis

Particulars point to be Investigated MRI of C5 spine

Instruction

Date..... 12/11/18

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