

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Sunil Deb Nath Age 48 yrs Sex M

Address

Physician / Surgeon Ward MMW 5 No. of Bed / Cabin (19)

Paying / Non Paying

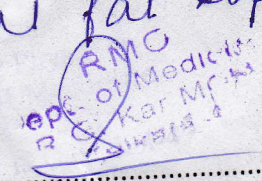
Brief history of case MRI Brain (Plain + Contrast) &

Clinical Diagnosis special focus to brain stem +

Particulars point to be Investigated MRI orbit & orbital fat suppression

Instruction

Date 2/10/18 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.
 - (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.