

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R918075644 .

Report / Treatment is required of

Name..... Manash Paul. Age..... 19yrs. Sex..... Male

Address.....

Physician / Surgeon..... U-I (ortho) Ward..... MSW No. of Bed / Cabin..... 63

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI of (R) knee joint.

Instruction

(Please provide plates only)
Report not required

Date..... 2/10/18 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 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.