

✓/3036/MRI

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R41800822746

Report / Treatment is required of

Name..... Masur Mondal ..... Age..... 20y ..... Sex..... M

Address.....

Physician / Surgeon..... Um'f 6 (M) ..... Ward..... MMW6 ..... No. of Bed / Cabin..... X12

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 26/11/18 .....

MRI brain & orbit c  
MRA & MRV brain

M. Primmoy K. Deb  
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.