

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R4180082643D

Report / Treatment is required of

Name..... Arumi Roy Age..... 60 y Sex..... F

Address.....

Physician / Surgeon..... I. Gen. Med Ward..... FMW6 No. of Bed / Cabin..... X5

Paying / Non Paying

Brief history of case

Fourth vehicle SOL

Clinical Diagnosis

Particulars point to be Investigated

MRI brain ± contrast.

Instruction

Date..... 28/11/18

Signature..... Smriti Halder

REPORT

m → 60
cr → 1.2

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.