

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name REJIA BOBI Age 4071 Sex F.

Address .....

Physician / Surgeon ..... Ward M.M.W.S. No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case H/O L.B. PainClinical Diagnosis MRI of L-S-spine

Particulars point to be Investigated

Instruction

Date 03.10.18Signature A. 03.10.18

### 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.