

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R41800848066

Report / Treatment is required of

Name..... Tarjul Hossain

Age..... 60yrs

Sex..... Male

Address.....

Physician / Surgeon..... U-II (Fwd)

Ward..... PMWG

Paying / Non Paying

No. of Bed / Cabin..... (6)

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Contrast enhanced MRI of Dorsal spine

Instruction

Signature..... Pratibha Ray

Date..... 4/12/18

REPORT

Urgent

Wren - 39

Creat - 1.2

[Signature]

It's urgent, please give a date as soon as possible.

[Signature]

- 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.