

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RA/800829565

Report / Treatment is required of

Name Kaushik Biswas Age 45yrs. Sex male

Address .....

Physician / Surgeon ✓ V - III (O) Ward CBOBS. No. of Bed / Cabin 78.

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI of L-5 spine

Particulars point to be Investigated

Instruction

Date 03/12/18

Abhishek Shaw  
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) The report should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.