

✓/37131MRI

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R(21809569)

Report / Treatment is required of

Name Haradhan Deb Age 58y Sex M

Address

Physician / Surgeon (S. Neuro) Ward (N. Med. (M)) No. of Bed / Cabin (M. 1)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI cervical spine + L-5 spine

Particulars point to be Investigated

Instruction

Date 6/12/18

Titas Choudhury
Resident Medical Officer
Department of Neuro Sciences
Trauma & Ortho Centre
R.G. Kar Medical College
Kolkata

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) In the M.C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.