

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

183294

Report / Treatment is required of

Name..... Motihar Rahman ..... Age..... 55 ..... Sex..... M

Address.....

Physician / Surgeon..... Ward..... TCU(0) ..... No. of Bed / Cabin.....

Paying / Non Paying.....

Brief history of case Fracture

Clinical Diagnosis

Particulars point to be Investigated MRI of Lt Knee Jt.

Instruction

Date..... 8/12/18 .....

Signature..... Roshni Ray  
Emergency Medical Officer  
R. G. Kar M.C.H.  
KOL-4

### REPORT

This form should, except in urgent cases, be signed by the Visiting Staff.  
It should, in all fracture cases, be made as to whether the splints may be removed.  
The time at which a Bismuth meal has been given should be noted.  
This form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time