...Bengal Form No. 815

Plate No. ....

Register No. ....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG18077764

Report / Treatment is required of

Name.....Mujibar Mondal.....Age.....60y.....Sex.....f.....

Address..

Physician / Surgeon.....unit-I.....Ward.....MMW-6.....No. of Bed / Cabin.....X-9.....

Paying / Non Paying ....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated   MRI Cervical Spine

Instruction

Date.....3/10/18.....

Signature..

REPORT

Notes : (1) This form should, except in urgent cases, by 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.