

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Jhuma Sarkar Age..... 43y Sex..... F

Address..... Asoknagar

Physician / Surgeon..... UTA Ward..... No. of Bed / Cabin

Paying / Non Paying

Brief history of case CA cervix FI Go Stage II B.

Clinical Diagnosis

Particulars point to be Investigated MRI Pelvis & vaginal jelly

Instruction
Date..... 5/10/18

Signature.....
[Signature]
Medical Officer
Dept. of Radiotherapy
R.G. Kar Medical College Hos
Kolkata-700004

REPORT

⊕ a w/o Δ CA Cervix Stage II B

— 2/0 bleeding P/V, white discharge
for 2 months
— occasional fever & pain

Axial
Sagittal
Coronal
Paraxial
Para coronal

1 CD → T2 full study
another CD → T2 axial only

FOV = 40 cm
No gap =
Slice thickness = 3mm

- 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.