

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RGM - 1800545065

Report / Treatment is required of

Name Damayanti Banerjee Age 41 Sex F

Address

Physician / Surgeon Ward P.M.R-OPD No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Adv. MRI of Lt ankle

Particulars point to be Investigated

Instruction

Date 03 OCT 2018

Signature [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