

RG-1800 SB 5529

Plate No. ....

Register No. ....

# KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Nimai Narmasr ..... Age..... 49 ..... Sex..... M .....

Address..... ..

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

Paying / Non Paying .....

Brief history of case L.B.P Pain

Clinical Diagnosis

Particulars point to be Investigated MRI scan of whole spine

Instruction

Date..... 06.10.18 .....

Signature..... [Signature] .....

Emergency Medical Officer  
R. G. Kar M.C.H.  
40-4

### 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.