

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

Plate No. ....

Register No. Rh 18006020/12

Report / Treatment is required of

Name..... Indrani Roy ..... Age..... 22y ..... Sex..... F

Address.....  
Physician / Surgeon..... W ..... Ward..... N-5-OPD ..... No. of Bed / Cabin.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated . MRI of cervical spine

Instruction

Date..... 7/12/18

Signature..... [Signature]

**REPORT**

Dept. of General Surgery  
R.G. Kar Medical Hospital  
Kolkata 700 012

- 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.