

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sanjoy Ghosh Age..... 26y Sex..... M

Address.....

Physician / Surgeon..... II Ward..... MMWS No. of Bed / Cabin..... 4

Paying / Non Paying

Urea - 30

Brief history of case

Creatinine - 0.7

Clinical Diagnosis

Hanging


Particulars point to be Investigated

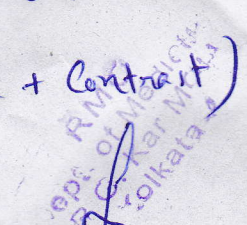
MRI

Cervical Spine (Plain + Contrast)

Instruction

Date..... 7/10/18

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.
If any special diet or any special treatment has been given should be noted