

Plate No. ....

Register No. RG18079564

# G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Areyan Molla Age 7 months Sex M

Address .....

Physician / Surgeon III B Ward MW6 No. of Bed / Cabin 33

Paying (Non Paying) .....

Brief history of case Fever & swelling of left knee joint since 7 days ? Septic Arthritis


Clinical Diagnosis

Particulars point to be Investigated

MRI of (L) Femur & knee

Instruction

Date 08/10/18

Signature [Signature]  
08/10/18 

### REPORT

2-11-09

- 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.