

RG-18006798632

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG-18009721

Report / Treatment is required of

Name..... Jiban Krishna ..... Age..... 37 ..... Sex..... M .....

Address.....

Physician / Surgeon..... Dr. U (S) ..... Ward..... Surgeon ..... No. of Bed / Cabin.....

Paying / Non Paying .....

Brief history of case Unathm fistula.

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 23/12/18 .....

MRI of Perineal region  
(Fistulogram)

[Signature]  
Signature .....

### REPORT

Treatment on  
finger front  
[Signature]  
28/12/18

- 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.