

Reg No: 18099457

Vinay
Dr. VINAY KARWAL
S/R Plastic Surgery
RGKMCH

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

Report / Treatment is required of

Name..... Abola Das Age..... 55 Sex..... F.

Address.....

Physician / Surgeon..... Plastic Surgery unit Ward..... RU-1W-7 No. of Bed / Cabin..... RIW-1

Paying / Non Paying..... Non Paying BHT form

Brief history of case..... Op wound involving the (L) Lateral Bore

Clinical Diagnosis..... of tongue

Particulars point to be Investigated..... SCC Tongue

Instruction..... contrast MRI of Cervical Neck.

Date..... 24/12/13 Signature..... *Vinay Karwal*

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REPORT

Serum Creatinine - 0.7

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.