

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 180 79814

Report / Treatment is required of

Name..... Tahaniha Bibi Age 28 Sex F

Address.....

Physician / Surgeon..... Ward PSYCHIATRY No. of Bed / Cabin F12

Paying / Non Paying

Brief history of case

CT spine - straightening of C spine

Clinical Diagnosis

MRI - C spine

Particulars point to be Investigated

Instruction

Date..... 10/9/18

Signature..... [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.