

V-1219
PS - Khordha

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RW8080221

Report / Treatment is required of

Name..... Ranjita Acharyee Age 55Y Sex F

Address.....

Physician / Surgeon..... I (Nemo) Ward..... N. Med (F) No. of Bed / Cabin..... F.9

Paying / Non Paying

Brief history of case

Clinical Diagnosis MR I whole spine [Cervical + Dorsal + L-S spine]

Particulars point to be Investigated

Instruction

Date..... 10/10/18

Signature.....

Residential Medical Office
Trauma & Orthopedic
Department
R.G. Kar Medical College
Kolkata

REPORT

MO:- 9830626931 - 2707-25622

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.