

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Rg18080388

Report / Treatment is required of

Name..... Mandab Basak Age..... 45 years Sex..... M

Address.....

Physician / Surgeon..... Ward..... Male newb No. of Bed / Cabin..... M-5

Paying / Non Paying

Brief history of case

Clinical Diagnosis

? schistosomiasis

Particulars point to be Investigated

MRI cervical spine

Instruction

Date..... 10/10/18

Signature.....

REPORT

*R.G. Kar MCH, Kolkata
Dept. of Neurosurgery
Residential Medical Officer*

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 Bismuth 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