West Bengal Form No. 815

Plate No. ....

Register No. ....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department R 6 18 00 66 1 2 9 1

Report / Treatment is required of

Name Nazima Bibi Age 25 yrs. Sex F

Address..............................

Physician / Surgeon Unit V Ward FMW6 No. of Bed / Cabin 25

Paying / Non Paying ....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of cervical spine with screening of thoraco-lumbar spine

Instruction

Date 3/10/18

Signature 3/10

R.M.O.
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital

REPORT

Notes : (1) This form should, except in urgent cases, by 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.