

*voucher
over 75*

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

ph 28001719

Report / Treatment is required of

Name.....*Sanyas Khan*.....Age.....*45*.....Sex.....*M*.....

Address.....

Physician / Surgeon.....*D(S)*.....Ward.....*MSAW*.....No. of Bed / Cabin.....*15*.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Thyroid Swelling

Particulars point to be Investigated

MRI of Neck

Instruction

Date.....*14/10/18*.....

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.
 - (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.