

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... RASANANDA MANNA Age..... 46 year Sex..... M

Address..... ..

Physician / Surgeon..... CTVS Ward..... NITV No. of Bed / Cabin..... 02

Paying / Non Paying

Brief history of case

Δ left elbow dislocation left

Clinical Diagnosis

MRI of Arm, forearm, forearm, wrist, palm

Particulars point to be Investigated

Instruction

Date..... 16/10/18

Signature.....

Associate Professor
Department of CTVS
R.G. Kar M.C. & H
Kolkata-700014

REPORT

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- 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.