

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

1 55556

Report / Treatment is required of

Name..... Santanu Sinha Mahapatra Age..... 30yr Sex..... M

Address.....

Physician / Surgeon..... Ward..... No. of Bed / Cabin.....

Paying / Non Paying .....


Brief history of case MRI Cervical spine stat.

Clinical Diagnosis Chronic neck pain for 6 months.

Particulars point to be Investigated ? Cervical spondylosis.

Instruction

Date..... 17/10/18

Signature..... 

### REPORT

Emergency Medical Officer  
R. G. Kar M.C.H.  
Kol-4

- 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.