

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RG: 18081414

Name..... Sava Jaiswara Age..... 27yrs. Sex..... F

Address.....

Physician / Surgeon..... G.M.-5 Ward..... EMDCO-7 No. of Bed / Cabin..... 246

Paying / NonPaying

Brief history of case Jandice & Fever, Recurrent hypoglycemia,
Clinical Diagnosis ? Leptospirosis, ? Pancreatic mas, ? Lueslioma.

Particulars point to be Investigated MRI Abdomen

Instruction

Date..... 15/10/18

Signature..... [Signature]

REPORT

kindly give an urgent date for MRI abdomen

- 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