

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 18 00 736460

Report / Treatment is required of

Name..... Sina Parai Age..... 16 Sex..... F

Address..... ..

Physician / Surgeon..... I Ward..... IMW No. of Bed / Cabin..... 28

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

Date..... 23/10/18

Signature..... Shweta Ray

REPORT

- (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.