

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sujata Sarkar Age. 27 Sex. F

Address.....
Physician / Surgeon..... Unit H Ward. FMWB No. of Bed / Cabin 80

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain & cervical & dorsal spine ~~Screening~~

Instruction
Date... 23/10/18

Signature... Anjali Pandey

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.