

Plate No.

Register No. R61800732520

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Osha Mondal Age 20y Sex F.

Address

Physician / Surgeon V-I (MSx) Ward TFW₃ No. of Bed / Cabin T30

Paying / Non Paying

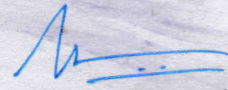
Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI - Cervical Spine

Instruction

Date 23.10.18

Signature 

REPORT

-
- 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