

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Sefali Singh Age 55 Sex F

Address

Physician / Surgeon Neuro In Ward TW(S) No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI LS spine

Instruction

Date 25/10/18

Signature [Signature]
Emergency Medical
R. G. Kar M.C.H.
Kolkata

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.