

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG18081571

Report / Treatment is required of

Name..... SUMAN DEY ..... Age 30Y ..... Sex M .....

Address..... ..

Physician / Surgeon..... I ..... Ward NeuroMed ..... No. of Bed / Cabin M-14 .....

Paying / Non Paying  .....

Brief history of case

Paraparesis

Clinical Diagnosis

Particulars point to be Investigated (MRI Lumbar spine & screening of dorsal spine)

Instruction

Date..... 27/10/18 .....

Signature..... [Signature] .....  
HOD Neurosurgery  
Dept. of Neurosciences  
R.G. Kar MCH, 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.