

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sanus Bhattacharya Age..... 70yr Sex..... M

Address.....

Physician / Surgeon..... [Signature] Ward..... MMW5 No. of Bed / Cabin..... 36

Paying / Non Paying.....

Brief history of case Urinary and Bowel incontinence.
MRI- Brain - WNL

Clinical Diagnosis ~~MRI whole screening of whole spine~~

Particulars point to be Investigated spinal cord.

Instruction MRI scan of whole spine

Date..... 27/10/18 Signature..... [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.