

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Ram Kumar Mondal Age 52y Sex M

Address .....

Physician / Surgeon II Ward MMW5 No. of Bed / Cabin 199

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain with screening C-S spine

Instruction

Date 28/10/18

Signature .....

*[Handwritten Signature]*  
RMD  
Dept. of Medical  
R.G. Kar, Mohan

### 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 processing.