

V-001956

MRI

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

1800785942

Name..... SAHIDA (B.1001) Age..... 50yr Sex..... Female

Address.....

Physician / Surgeon..... VI (MED) Ward..... FMB No. of Bed / Cabin..... 70

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

MRE brain - MR. angio. brain

Particulars point to be Investigated

Instruction

Urea - 31
Cr - 0.7

Date.....

Signature.....
DR. RAJ KUMAR
R.G. KAR MEDICAL COLLEGE & HOSPITAL
1001 915151
10/11/15

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.