

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name ~~Biswasa~~ Ks. Parwan Age 39y Sex M

Address ~~Devendra~~

Physician / Surgeon Ward Gen ER No. of Bed / Cabin

Paying / Non Paying NP

Brief history of case ~~Sci in pt cad & long tendr~~

Clinical Diagnosis MRI - Brain & orbit

Particulars point to be Investigated

Instruction
Date 14/11/18

Anshu Prasad
Emergency Medical Officer
R. G. KAR M.C.H.
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