

20/9/18

Plate No. ER 168252  
Register No.

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Sandhya Das ..... Age 50y ..... Sex F

Address.....

Physician / Surgeon..... G.S. Das ..... Ward..... TCU (NSx) ..... No. of Bed / Cabin.....

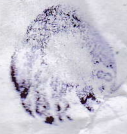
Paying / Non Paying.....

Brief history of case } Trauma to hip  
Clinical Diagnosis }

Particulars point to be Investigated MRI L-S spine.

Instruction

Date 9/11/18.



Signature..... Shreya Neogy

### REPORT

19/11/18  
9:00 PM  
~~09/12/18~~  
4/15 PM

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff at the point of time.  
(2) A note should, in all fracture cases, be...