

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Gabinda Chandra Saha Age 60y Sex M

Address.....

Physician / Surgeon u-a (med) Ward MMW-5 No. of Bed / Cabin X6

Paying / Non Paying

Brief history of case hip pain

Clinical Diagnosis

Particulars point to be Investigated

MRI LS spine = B/L
sacroiliac joint (stir sequence)
(screening of rt breast)

Instruction

Date 17/11/18

Signature.....

[Handwritten Signature]
[Handwritten Name]

REPORT

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- 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.