

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RW8080386

Report / Treatment is required of

Name..... Manab Basak Age..... 50Y Sex..... M

Address.....

Physician / Surgeon..... 1 (Neuro) Ward..... N.med (M) No. of Bed / Cabin..... 500 Ms

Paying / Non Paying

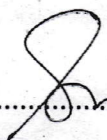
Brief history of case

Clinical Diagnosis MRI L-S spine + dorsal spine.

Particulars point to be Investigated DDK

Instruction

Date..... 10/10/18

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.
 - (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