

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Smigetha Choudhury Age..... 37y Sex..... F

Address.....

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

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI L/S spine

Particulars point to be Investigated

Instruction

Date..... 10/10/18

A  
Emergency Medical Officer  
R. G. Kar M.C.H.  
Kol-4

Signature.....

### 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.