

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

PU 1800786069

Name..... FATEMA BIBI Age..... 42y Sex..... F

Address.....

Physician / Surgeon..... MED UNIT VI Ward..... FM06 No. of Bed / Cabin..... (29)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Cervical spine

Particulars point to be Investigated

Instruction

Date..... 18/11/18

R.M.O.
Female Medicine Ward
6th Floor
Namrata Singh
Signature R.G. Kar Medical College Hospital

REPORT

Notes: (1) This form should, except in urgent cases, be signed by the Visiting Staff

(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