

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R 61800713727

Report / Treatment is required of

Name Dinesh Sarekar Age 57yr. Sex M.

Address .....

Physician / Surgeon Unit III Ward MMW-5 No. of Bed / Cabin 31

Paying / Non Paying .....

Brief history of case

MRI Brain

Clinical Diagnosis

DT/A

Particulars point to be Investigated

Instruction

10/10/18

Date .....

Signature RMG  
Sp. of Medicine  
R. G. Kar M.D.

### REPORT

- (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.