

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RM1802456722.

Report / Treatment is required of

Name..... Satyajit Mahanti Age..... 35 Sex..... M

Address.....

Physician / Surgeon..... N(Sr) Ward..... TMW-6 No. of Bed / Cabin..... 32

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI of Dorsolumbar Spine.

Particulars point to be Investigated

Instruction

Date..... 20/1/13.

Signature.....
*Junior Resident
TCU 6th. Floor
R.G. Kar MCH
Dr. Somuch Halder*

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.