engal Form No. 815

Plate No. .....

Register No. RG1800315619

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Amil Ray Age 65 Sex M

Address .....

Physician / Surgeon TCU (Neuro Sx) Ward TCU No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of C-S Spine
MRI of Brain (Plain)

Instruction

Date 20/11/19

Signature .....

REPORT

Notes: (1) This form should, except in urgent cases, by signed by the Visiting Staff.
(2) A note should, in all fracture cases, be made as to whether the splints may be removed.