

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *RG. 1807811903*

Report / Treatment is required of

Name *Sikha Malik* Age *43* Sex *F*

Address

Physician / Surgeon *AI - V* Ward *AMW6* No. of Bed / Cabin *X9*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date *25/11/18*

MRI of L spine
Shree Choudhary

Signature

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