

RH180723575

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name SK Abu khalek Age 65 Sex M

Address.....

Physician / Surgeon..... Ward CBOBS No. of Bed / Cabin.....

Paying / Non Paying.....

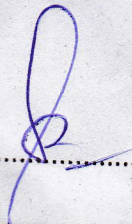
Brief history of case RTA

Clinical Diagnosis

Particulars point to be Investigated MRI of c/s spine

Instruction

Date 15/10/18

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...