

2-3180

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Ry 18008 32603

Report / Treatment is required of

Name Moemin Chatterjee Age 224 Sex F

Address

Physician / Surgeon Dr. (A.W.) Ward PMPT No. of Bed / Cabin 267

Paying / Non Paying

Brief history of case

Clinical Diagnosis Hanging screen

Particulars point to be Investigated MRI Brain & cervical spine screen

Instruction

Date 29/11/18

Signature [Signature]
RMO
4th FLOOR
G. Ka. H. S. H.

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 Biomech meal has been given should be noted