

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Rudra Mondal Age 8 Sex M

Address

Physician / Surgeon U-14 (O) Ward TEU (3rd floor) No. of Bed / Cabin 10

Paying / Non Paying

Brief history of case Septic arthritis

Clinical Diagnosis

Particulars point to be Investigated

MRI of pelvis showing B/L hip joint & thigh upto knee joint

Instruction

Date 28/4/18

Signature Setyali Chakrabarty

REPORT

MO
TCU 3rd Floor
R.G. Kar MCH

- 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.