

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RG1800865749

Report / Treatment is required of

Name Arun Parafdar Age 52yr Sex M

Address

Physician / Surgeon II Ward MMWS No. of Bed / Cabin (4)

Paying / Non Paying

Brief history of case Contrast enhanced MRI of Brain

Clinical Diagnosis

Particulars point to be Investigated

Or - 20
cr - 0.8

Instruction

Date 11/12/18

Signature Jayashree Kar
RMO of Medicine R.G. Kar Medical College

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.