

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG180878611

Report / Treatment is required of

Name Kabita Saha Age 48 y Sex F

Address

Physician / Surgeon I. G. Med Ward RM 06 No. of Bed / Cabin 15

Paying / Non Paying

Brief history of case ? SOL

Clinical Diagnosis MRI brain & MR Spectroscopy.

Particulars point to be Investigated

Instruction

Date 17/12/18

Signature [Signature]
R.G. Kar Medical College & Hospital
Female Medicine
R.M. 06
ATUL

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.