

Please fill up
early & time

URGENT
Ray (PHT)

Plate No.
R418097761
Register No.

B. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name..... Biswasjit Karmakar Age..... 25 Sex..... M

Address.....

Physician / Surgeon..... Med IV Ward..... MMW-5 No. of Bed / Cabin..... 33

Paying / Non Paying..... free

Brief history of case..... anadriparesis & downbeat nystagmus

Clinical Diagnosis..... MRI brain + cervical spine,

Particulars point to be Investigated..... (P+C) & MRS

Instruction

Date..... 17/12/18

Signature..... Dr. Debojyoti Ray
out (med)

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.

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