

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

162855

Report / Treatment is required of

Name..... Malati Jana Age..... 50yr Sex..... Female

Address.....

Physician / Surgeon..... Ward..... Ed No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI of Cervical Spine
& Scanning of Brain.

Particulars point to be Investigated

Instruction

Date.....

Signature.....

REPORT

[Signature]
30/10/18

Emergency Medical Officer
R. G. Kar M. G. H.
Kolkata

- 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. G. H. this form should be submitted to the ...