

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

1501698313

Report / Treatment is required of

Name..... Younisur sahoj Age..... 35yr Sex..... M

Address.....

Physician / Surgeon..... Ward..... Burn No. of Bed / Cabin..... 3M1

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI 2/3 spine

Instruction

Date..... 24/10/18

Signature..... [Signature]

RMO
Dept. of Plastic Surgery
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