

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Anawara Bibi Age..... 70y Sex..... F

Address.....

Physician / Surgeon..... UNIT-V (Med) Ward..... FMW-6 No. of Bed / Cabin..... 38

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 29/10/18

MRI - soft tissue left leg.
[Post MI ? DVT
? Cellulitis]

Signature..... [Signature]
F.M.O. Female Medicine Ward
3rd Floor
R. G. Kar Medical College & Hospital

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.