

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Sabita Banui Age 53 yrs Sex F

Address .....

Physician / Surgeon Neuromedicine Ward ..... No. of Bed / Cabin E10

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

*MRI of both knee joints*

Particulars point to be Investigated

Instruction

Date 30.10.18

Signature *[Signature]*  
Residential Medical Officer  
Dept. of Neurosciences  
R.G. Kar MCH, Kol-4

### 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