

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RC18084937

Name..... Narabab Hi Age..... 30 Sex..... M

Address.....

Physician / Surgeon..... Prof. Deey Ward..... AU HSP L No. of Bed / Cabin..... 01

Paying / Non Paying

Brief history of case ? DVT / cellulitis (M)

Clinical Diagnosis

Particulars point to be Investigated whole MRI of left leg including

Instruction MR Angiography

Date..... 31/10/18 Signature..... [Signature]

REPORT

V.O.
CTVS
R. G. KAR M.C.H.
KOL-4

- 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.