West Bengal Form No. 815

Plate No. .....

Register No. .....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RY 180072354S

Report / Treatment is required of

Name Sk abdul kadeek Age 057 Sex M

Address .....

Physician / Surgeon NSx Ward TCU-Male No. of Bed / Cabin 34

~~Paying~~ / Non Paying .....

Brief history of case

Clinical Diagnosis MRI CS. Spine.

Particulars point to be Investigated

Instruction

Date 30/10/18 Signature .....

REPORT

Notes : (1) This form should, except in urgent cases, by 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