

Plate No. ....

Register No. 1850755767

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Menaka Maity ..... Age. 49 y ..... Sex. F

Address..... Kolkata .....

Physician / Surgeon. Dr. Dhirman Ganguly Ward. Neuro .....

Paying / Non Paying ..... NP ..... No. of Bed / Cabin 57 .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of c-spine

Instruction

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

PROFESSOR & INCHARGE  
R.G. KAR MEDICAL COLLEGE & HOSPITAL  
KOLKATA - 700 004. REPORT

Signature [Signature] 30/10/18

2-00/1050

- 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.