

✓ 1881/MRI

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RG 1800786089

Name..... MINA SHUKLA Age..... 50y Sex..... F

Address.....

Physician / Surgeon..... V-G Ward..... EMU No. of Bed / Cabin..... (F9)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 12/11/18

Signature.....

REPORT

Namata Bagchi

12/11/18
12:00 P.M.

- 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.