

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG18087949

Report / Treatment is required of

Name..... SONAMONI KHATUN..... Age..... 8y..... Sex..... F.....

Address.....

Physician / Surgeon..... VII (0)..... Ward..... FSW (6)..... No. of Bed / Cabin..... (4)

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI (u) knee

Instruction

Date..... 12/11/18.....

Signature.....

*Shohit Naha*  
Signature of the  
R. G. Kar, M.D.

### 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.