

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... *Hajiza Binti* Age..... *29* Sex..... *F*

Address.....

Physician / Surgeon..... *Gen ER* Ward..... No. of Bed / Cabin

Paying / Non Paying

Brief history of case *pain Abdomen*

Clinical Diagnosis

Particulars point to be Investigated *MRI Abdomen*

Instruction

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

Signature.....
Shrayan

REPORT

Emergency Medical Officer
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 filled up by the patient.