

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Surainya Paoween ..... Age..... 20y ..... Sex..... F .....

Address.....

Physician / Surgeon..... Unit - I (Med) ..... Ward..... FMPW-7 ..... No. of Bed / Cabin..... 263 .....

Paying / Non Paying .....

Brief history of case ↓ SLE

Clinical Diagnosis

Particulars point to be Investigated MRI L/S spine

Instruction 27/11/18

Date.....

Signature..... Apinaki Mandal  
27/11/18  
R. G. Kar MCH

### 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 Bismuth meal has been given should be noted.