

Form No. 815

7003240280

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800850587

Report / Treatment is required of

Name Jay Jha Age 48 Sex M

Address

Physician / Surgeon UV MEDICINE Ward MMW/6 No. of Bed / Cabin 19

Paying / Non Paying

UR - 36
CR - 1.1

Brief history of case

Clinical Diagnosis

MRI Brain (Plain + Contrast)

Particulars point to be Investigated

Instruction

Date 6/12/18

Signature Shankar Abhimanu

REPORT

R. G. KAR
M M W
Kolkata

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.