

West Bengal Form No. 815

Plate No. ....

Register No. ....

R41800865687

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Partha Karmakar Age..... 33 Sex..... M

Address.....

Physician / Surgeon..... II Ward..... MMW-5 No. of Bed / Cabin..... 6

Paying / Non Paying.....

Brief history of case..... Hanging

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 12/12/18

MRI of cervical spine & screening of brain

Signature..... *[Handwritten Signature]*

**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.
  - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.