

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

K/3928/MRI

Report / Treatment is required of

Name Sambhu Hazra Age 55 Sex M

Address

Physician / Surgeon I Ward MMW-6 No. of Bed / Cabin 37

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date 11/12/18

R.M.O.
Female Medical Ward

Signature Shyamprakash Ghosh

REPORT

12/12/18

10:00pm.

পরিচালক মহোদয়ের নিকটে
প্রাপ্ত হইবে।
PLEASE BRING ALL
PRECIOUS REPORT

বুঝি সময়ের থেকে
সকলী ভাগে আসবেন।
PLEASE COME BEFORE
HOUR OF YOUR BOOKING TIME

পরিচালক মহোদয়ের
নিকটে প্রাপ্ত হইবে।

- 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.