

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Dama Laha Age..... 34yr Sex..... F

Address.....

Physician / Surgeon..... JA Ward..... C.S.W No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

HRP Pelvis

Instruction

Date..... 11/12/11

R.M.O.-G.S.U
R.G. Kar M.C.H
Kolkata-4
G.S.U.

Signature..... [Signature]

REPORT

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- 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