

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA1800 857/38

Report / Treatment is required of

Name..... Rahaman Sardar Age..... 4yr Sex..... Male

Address.....

Physician / Surgeon..... V-III (o) Ward..... FJW No. of Bed / Cabin..... 37

Paying / Non Paying..... Paying

Brief history of case Posterior dislocation of hip. MRI of Pelvis = B/L hip

Clinical Diagnosis

Particulars point to be Investigated

* Urgent (Academic case)

Instruction

Date..... 12/12/18

Signature..... Abhishek Shaw

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.