West Form No. 815 Plate No. .....

Register No. R.G.1809.5.246.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name.....JYOTSNA DAS.....Age.....42y.....Sex.....Female.....

Address.....

Physician / Surgeon.....Unit-IIB, R.I.....Ward.....Oncology Colony.....No. of Bed / Cabin .....Cabin-1.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain

Instruction

Date.....13/7/18.....Signature.....13/7/18

Medical Officer
Dept. of Radiology
R.G. Kar Medical College
Kolkata

REPORT

Dr Kunal Roy
32648 of WBMC

Notes : (1) This form should, except in urgent cases, by 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.