

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Bishu Darr Age 63 ym Sex M

Address

Physician / Surgeon..... Ward..... No. of Bed / Cabin

Paying / Non Paying

Brief history of case Pain in lower back

Clinical Diagnosis KILO Adeno CA of lung -> ↓ chemotherapy

Particulars point to be Investigated MRI of whole spine

Instruction

Date 28/11/18

Signature Ramantha Debajyoti Ghose

REPORT

28/11/18

Emergency Medical Officer
R. G. Kar M.C.H.
KOL-4

- 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.