

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 1800616110

Report/Treatment is required of

Name Kamal Bose Age 45 yrs Sex M.H

Address

Physician/Surgeon Dr. Dhal Ward

No. of Bed/Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 23/9/18

MRI of L5 spine

Signature [Signature]
Residential Medical Office
Trauma Care Centre
Department of Neuro Sciences
R.G. Kar, MCH, Kol-4

REPORT

~~16/10/18~~
~~9:00 AM~~

15/11/18
7:00 AM

হাতে 3-4 ঘণ্টা সময়
নিম্ন আনবে
PLEASE BRING ALL
PREVIOUS REPORT

১ ঘণ্টা আগে
PLEASE COME BEFORE
HOUR OF YOUR BOOKING TIME

- 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.