

V/2136/MRI

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R 018089024

Report / Treatment is required of

Name Jaya Das. Age 27 yrl. Sex F

Address

Physician / Surgeon Unit III Ward FMPW-7 No. of Bed / Cabin 244.

Paying / Non Paying

Brief history of case MRI of LS spine with screening of thoracic & L spine

Clinical Diagnosis Δ POST partum. paraplegia.

Particulars point to be Investigated ↓ evaluation

Instruction

Date 15/11/18

Signature Arijanka
RMO
7th FLOC
G. Ka. MCH

REPORT

This form should, except in urgent cases, be signed by the Visiting Staff.
Note should, in all fracture cases, be made as to whether the splints may be removed.
Time at which a Bismuth meal has been given should be noted.
C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.