

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG/800729877

Report / Treatment is required of

Name..... Sati Bhattacharya Age..... 55y Sex..... F

Address..... unit 3 Ward..... fmw6 No. of Bed / Cabin..... (48)

Physician / Surgeon.....

Paying / Non Paying..... Home WA

Brief history of case.....

Clinical Diagnosis.....

Particulars point to be Investigated.....

Instruction.....

Date..... 20.10.18

MRI For air (contrast) (Reason)

Signature..... Sandip Dasgupta (Duck)

REPORT

- Urea 21
- creat. 0.99

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