

6290632931
P.S. Dum Dum
✓ 2/87/18
MRI

Plate No.

Register No. RG1800687973
PA1800052325

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Raju Jainwal Age..... 30y Sex..... M

Address.....

Physician / Surgeon..... I(0) Ward..... SSW-0 No. of Bed / Cabin..... (40)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI of Dorsal Lumbar Spine

Particulars point to be Investigated

Instruction

Date..... 12/11/18

Signature.....
Dr. Komal Choudhary

REPORT

- 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.