

3182

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Jikra Parveen , Age..... 17.2m Sex..... f

Address.....

Physician / Surgeon..... M A , Ward..... MW6 No. of Bed / Cabin..... 21

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI - brain

Instruction

Date..... 29/11/18

Signature..... Shirley Jain

**REPORT**

- tes: (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.