

Physician / Surgeon.....*(Signature)*..... Ward.....*(Signature)*..... No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date.....*30/11/18*.....

Signature.....

(Signature)
R.M.O. G&O
R.G. Kar MCH
Kolkata-4
G.S.W.

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