

Form No. 815

R61800859232

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

JOYDEB DAS

Age 45y

Sex M

Name.....

Address.....

Physician / Surgeon..... Unit II

Paying / Non Paying.....

Brief history of case

MRI Cervical spine = Screening of Brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 10/12/18

Visiting Physician  
Dept. of Medicine  
MMW 5th

Signature Sharmila Dutta

### 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) Any special instructions given should be noted.