

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Punna Singh ..... Age..... 65 yr ..... Sex..... M .....

Address.....

Physician / Surgeon..... IIA ..... Ward..... chest ..... No. of Bed / Cabin..... 31 .....

Paying / Non Paying .....

Brief history of case Paraplegia

Clinical Diagnosis

Particulars point to be Investigated MRI dorsal spine & screening of cervical spine (P+C)

Instruction  
Date..... 23/12/18 .....

Signature..... Mannof Ch .....  
23/12/18

### REPORT

R.M.  
Chest Medicine  
R. G. K. M. C. H.  
Kolkata-4

- 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.