

171320

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Sybil Gayen Age..... 16y Sex..... male

Address..... Ward..... 52 No. of Bed / Cabin.....

Physician / Surgeon.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date.....

### REPORT

Signature..... [Signature]  
Emergency Medical Officer  
R. G. Kar M.C.H.  
KOL-4

*MRI of RT Arm including  
RT shoulder - R*

- 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