

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 1800 789391

Report / Treatment is required of

Name..... Sushanta Biswas Age 45 yrs Sex M

Address.....

Physician / Surgeon..... UNIT - I (Med) Ward..... MMW-6 No. of Bed / Cabin..... (1)

Paying / Non Paying

Brief history of case

MRI E contrast - E MR spectroscopy

Clinical Diagnosis

Brain

Particulars point to be Investigated

Instruction

Date..... 14/11/18

Signature..... [Signature]
Anne Kumar Ray
PUT

REPORT

69696/wme

MR-32
CR-10.9

- 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