

V-2252  
MRI

Plate No. ....

Register No. R. G. 1800  
798430

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Supurnar Deej Age 50y Sex M

Address .....

Physician / Surgeon V-IV-Med Ward MMW-6 No. of Bed / Cabin X6

Paying / Non Paying .....

Brief history of case Rt side Paresis

ur = 34 mg/dL  
cr = 1.2 mg/dL

Clinical Diagnosis

Particulars point to be Investigated CEMRI Brain.

Instruction

Date 16/11/18

*albanway*  
R. G. KAR MCH  
M M W 6TH  
Kolkata

Signature .....

### REPORT

16/11/18  
3:00 AM

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