

Bengal Form No. 815

Plate No.

Register No.

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

AL 1800 766 198

Report / Treatment is required of

Name..... Shib Shankar Sankar Age..... 46 Sex..... M

Address.....

Physician / Surgeon..... Atulya Ward..... C.B. 023 No. of Bed / Cabin.....

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 3.11.18

MRI CS spine c. Brachial Plexus (PT)

Signature.....

Anupam Ray

REPORT