

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

RU18083279

Report / Treatment is required of

Name..... Nimai Ghosh Age..... 38y Sex..... M

Address.....

Physician / Surgeon.....

Paying / Non Paying..... Ward..... T.W. (Male) No. of Bed / Cabin..... 14

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 7/11

URGENT
MRI of L spine
OT + O-armed

ASOK KUMAR
Acharya

Signature.....

REPORT

RMO
TCU 6th Flr
R.G. Kar M.C.H.