

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Sanjay Prasad ..... Age..... 51 ..... Sex..... M .....

Address.....

Physician / Surgeon..... Med-1 ..... Ward..... MMW-6 ..... No. of Bed / Cabin..... 16 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI L5 spine

Particulars point to be Investigated

Instruction

Date..... 1/10 .....

R. G. KAR MCH  
M. W. S. H.  
KOLKATA-4

Signature.....

**REPORT**