

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RG1800808465

Name..... Biswasit Das Age..... 38 Sex..... M

Address.....

Physician / Surgeon..... Trauma I Ward..... C.B.OBS No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Poly trauma

Clinical Diagnosis

MRI c/s spine

Particulars point to be Investigated

Instruction

Date..... 20/11/18

Signature..... [Signature]

REPORT