West	Ben	gall	Form	No	21	5
CONTRACTOR CONTRACTOR		9411	OIIII	INO.	01	Э

Plate No.	 	 	 	 	
Dogistant					

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of	KE1800820053
Name Mulumda Rudia. Age 654	
Address	Sex/ <u>M</u>
Physician/Surgeon Med S. Ward MMW S. No. Paving / Non Paving	(014)
Paying / Non PayingNo.	of Bed / Cabin 1214
Brief history of case > Dechume WA	
Clinical Diagnosis	
Particulars point to be Investigated MRI forown	
Instruction	
Date $\frac{23}{11}/\frac{2018}{}$.	re Wingom Loy
Signatu	re. \