

RN/800699599

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Ranjit Kumar Age..... 55y Sex..... M

Address.....

Physician / Surgeon..... Ward..... TCU 6th No. of Bed / Cabin..... 2

Paying / Non Paying

Brief history of case

Spinal injury D-L region.

Clinical Diagnosis

MRI D-L spine

Particulars point to be Investigated

Instruction

Date..... 3/10

Signature..... [Signature]

REPORT