

West Bengal Form No. 815

RG18 00 812824

V-002967

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Kuddus Sardar Age..... 54 Sex..... M

Address..... ..

Physician / Surgeon..... D Ward..... MMW-5 No. of Bed / Cabin..... (11)

Paying / Non Paying

Brief history of case

Urea - 19 mg/dl
Creatinine - 0.9 mg/dl

Clinical Diagnosis

Particulars point to be Investigated

LS Spine
MRI (P+C)

Instruction

(Stamp: RMO, 7th Floor, R.G. Kar Medical College & Hospital)
Shikhe Anne Bage
Signature.....

Date..... 28/11/18

REPORT