

903

17/10/18
12:00 PM
Ph. 9732312030
Ps. Baduria.

West Bengal Form No. 815

Plate No.
Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Solanon Mandal Age 75 Sex M

Address.....

Physician / Surgeon..... Ward..... No. of Bed/Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 2/10/18

MRI - Spine

REPORT

Signature

[Signature]
R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Dept.