

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department 148827

Report/Treatment is required of

Name..... POUL SAHA Age..... 32 Sex..... F

Address..... ..

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

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be investigated

MRI R L J joint

Instruction

Date.....

[Signature]
2007

Signature.....
Emergency Medical Officer
R. G. KAR

REPORT

8337086673