

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG18097800

Report / Treatment is required of

Name..... Asma Bibi Age..... 40Y Sex..... F

Address.....

Physician / Surgeon..... I Ward..... Neuro Med No. of Bed / Cabin..... F4

Paying / Non Paying

Brief history of case Proximal muscle weakness

Clinical Diagnosis

Particulars point to be Investigated MRI cervical spine

Instruction

Date..... 15/12

Signature..... Titas Chaudhuri

REPORT