

4485
M22

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Shyama Pada Mondal Age..... 42y Sex..... M

Address.....

Physician / Surgeon..... Unit - I (Med) Ward..... MMW - 5 No. of Bed / Cabin..... (X-1)

Paying / Non Paying

Brief history of case ◀ Ankylosis Spondylosis (?)

Clinical Diagnosis

Particulars point to be Investigated MRI L/s spine along with

Instruction Cervico-Thoracic Screening

Date..... 20/12/18 Signature..... Maimak Mondal

REPORT