

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... *Anchana Acharya* Age..... *60yr* Sex..... *F*

Address.....

Physician / Surgeon..... *Ward - D (Med)* Ward..... *FMPW-7* No. of Bed / Cabin..... *232*

Paying / Non Paying

Brief history of case

Clinical Diagnosis *S. radiculopathy*

Particulars point to be Investigated *MRI of Lumbosacral spine (Screening of Cervical Thoracic area)*

Instruction

Date..... *09/10/18*

Signature..... *[Signature]*

REPORT

RMC
FMPW 7th Floor
R. G. Kar Med
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