

RN 1800711384

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Fajen Ali Age..... 53y Sex..... M

Address.....

Physician / Surgeon..... Ward..... CBORS No. of Bed / Cabin..... 87

Paying / Non Paying

Brief history of case

L2 compression #

Clinical Diagnosis

Particulars point to be Investigated

MRI of LS spine

Instruction

Date..... 10/10

Signature..... [Signature]

REPORT

