

West Bengal Form No. 815

1414

Plate No.

Register No. RG1000286543

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name..... Sunaiya Pameen Age..... 11.4 Sex..... f

Address..... ..

Physician / Surgeon..... D.A. Ward..... MCW-6 No. of Bed / Cabin..... 29

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI cervical spine

Particulars point to be Investigated

Instruction

Date..... 13/10/18

Signature..... 

REPORT