

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sunil Das Age..... 50 Sex..... A

Address.....

Physician / Surgeon..... U - II (T) Ward..... C.B. Obs No. of Bed / Cabin..... 6

Paying / Non Paying

Brief history of case — Rt 4/0 accidental fall

Clinical Diagnosis

Particulars point to be Investigated — MRI C-spine



Instruction

Date..... 13/10/18

Signature..... [Signature]

REPORT