

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RA-18081974

Name..... Shibani Roy Age..... 45 Sex..... F

Address.....

Physician / Surgeon..... Ward..... FJPW No. of Bed / Cabin..... 5

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI P

Particulars point to be Investigated

Instruction

Date..... 17/10/17

Signature..... 

REPORT