

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Pashupati nandi Age..... 68yr Sex..... M

Address.....

Physician / Surgeon..... Unit - VICS Ward..... TICS No. of Bed / Cabin.....

Paying / Non Paying


Brief history of case

Clinical Diagnosis

Particulars point to be Investigated (cervical spine MRI)

Instruction

Date..... 21/10/18

Signature..... 

REPORT
