

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

12562944

Report / Treatment is required of

Name *MD. Awarab* Age *21y* Sex *M*

Address *road* Ward *SP* No. of Bed / Cabin

Physician / Surgeon

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRU LS spine

Particulars point to be Investigated

Instruction

Date *22.10.18*

Signature *R.G. Kar* **R.M.D. R.G. KAR M.C.H. Kolkata-700 004**

REPORT