

Register No. R.No. V80 81571

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Suman Dey Age..... 30y Sex..... M

Address..... ..

Physician / Surgeon..... Neurology Ward..... .. No. of Bed / Cabin..... M.M.

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI of Dorsal spine (P+)

Particulars point to be Investigated

Instruction

Date..... 25.10.18


Residential Medical Officer
Dept. of Neurosciences
R.G. Kar MCH, Kol-4
Signature.....

REPORT

Notes : (1) This form should, except in urgent cases, be signed by the ...
(2) A ...