

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Kasi Nath Changdar Age 57 yrs. Sex M

Address

Physician / Surgeon Ward GEL No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

L5-S1 Degenerative changes
Lumbar spondylitis,
MRI of LS spine.

Particulars point to be Investigated

Instruction

Date 24/10/2018

Signature [Signature]

REPORT

[Signature]
2-05 AM

[Signature]
2-20 AM

PLEASE BRING ALL
PREVIOUS REPORT
দ্রষ্টা করিয়া পুরোনো সমস্ত
রিপোর্ট আনতে

PLEASE BRING ALL
PREVIOUS REPORT
দ্রষ্টা করিয়া পুরোনো সমস্ত
রিপোর্ট আনতে

বুकिং সময়ের থেকে
১ ঘন্টা আগে আসবেন
PLEASE COME BEFORE
1 HOUR OF YOUR BOOKING

- Notes : (1) This form should, except in urgent cases, be
- (2) A note should, in all fracture cases, be m
- (3) The time at which a Bismuch meal ha
- (4) In the M. C. H. this form should be