

Plate No.	 	 

Register No. R4180782431

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

## **Electro Therapeutic Department**

report realment is required of	
Name Madan Walligk	Age 58 yrs Sex M
Address	,
Physician/Surgeon UTV	Ward M MW -S No. of Bed / Cabin 32-
Paying / Non Paying	
Brief history of case	
Clinical Diagnosis	
Particulars point to be Investigated MRI	Throcie & CS spine
Instruction	O-music
Date 9/11/18	Signature Columbia Signature
	REPORT Litro Biscon