

West Bengal Form No. 815

V-002281

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

PL 1800 799378

Report / Treatment is required of

Name..... Sabir Ali Molla Age..... 28y Sex..... M

Address.....

Physician / Surgeon..... Unit W Ward..... mmw-5 No. of Bed / Cabin..... 2

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated Doro lumbar spine MRI (PTC)

Instruction

Date..... 19/1/18

Signature..... Royat Sek

REPORT