

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

2418089932

Report / Treatment is required of

Name..... Sanjay Mandal Age..... 45y Sex..... M

Address..... ..

Physician / Surgeon..... NS Ward..... CB088 No. of Bed / Cabin..... 14

Paying / Non Paying

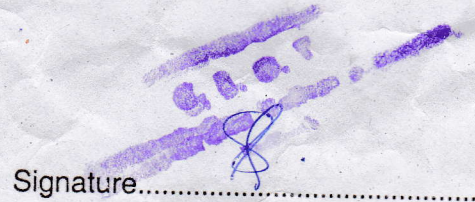
Brief history of case Fracture spine

Clinical Diagnosis

Particulars point to be Investigated MRI @ D/L spine

Instruction

Date..... 17/11/18


Signature.....

REPORT