

West Bengal Form No. 815

Plate No. ....

Register No. ....

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

R618089024

Report / Treatment is required of

Name..... Taya Das ..... Age..... 27y ..... Sex..... F .....

Address..... ..

Physician / Surgeon..... II (Gen medicine) ..... Ward..... EMPW-7. .... No. of Bed / Cabin..... 244 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI thoracic spine

Particulars point to be Investigated

Instruction

Date..... 20/11/18 .....

Prityankapal.

Signature.....

**REPORT**

RMU  
R. G. Kar Medical College