

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Kutubuddin Mondal Age..... 27 y Sex..... M

Address.....

Physician / Surgeon..... U-I (NSx) Ward..... TCU₆ M. No. of Bed / Cabin..... ?

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI - Dorsal lumbar spine

Instruction

Date..... 12.10.18

Signature.....

RMO
TCU 6th Flr
R.G. Kar M.C.H.

REPORT

P.S - 28317 814 Ph:-