

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... *Harshada yadav* Age..... *40y* Sex..... *M* *175 444*

Address.....

Physician / Surgeon..... *So* Ward..... *ER* No. of Bed / Cabin.....

Paying / Non Paying.....

Brief history of case *M.R.I' of Left Knee*

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... *23/11/18*

Signature..... *[Signature]*

REPORT

23/11/18
Ashay Mandal

Emergency Medical Officer
R. G. Kar M.C.H.