

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Tiban Pandit ..... Age..... 80 yr ..... Sex..... M .....

Address.....

Physician / Surgeon..... Neuro-emerg ..... Ward..... CB-06 ..... No. of Bed / Cabin..... M-35 .....

Paying / Non Paying .....

Brief history of case Cervical Spine Injury

Clinical Diagnosis

Particulars point to be Investigated MRI CS-Spine (Plain)

Instruction

Date..... 24/11/18 .....

Signature..... [Signature] .....

**REPORT**