

West Bengal Form No. 815

27/11/18  
at 8 AM

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

178849

Report / Treatment is required of

Name..... Minati Mondal ..... Age..... 74 yrs ..... Sex..... F

Address.....

Physician / Surgeon..... Ward..... EQ ..... No. of Bed / Cabin.....

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date.....

MRI of Lumbo Sacral Spine

*[Signature]*

Emergency Medical Officer  
R. G. Kar M.C.H.  
KOL-4

Signature.....

**REPORT**