

RG1800742136

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Bhim Chandra Mondal Age..... 45 Sex..... M

Address..... ..

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

Paying / Non Paying

Brief history of case H/O fall

Clinical Diagnosis

Particulars point to be Investigated MRI of Dorso-lumbar spine

Instruction

Date..... 29/8/18

Signature..... 

REPORT