

West Bengal Form No. 815

Plate No. _____
Register No. 160673

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Prof A K Mukherjee Age 64y Sex Male

Address _____

Physician / Surgeon Γ Ward _____ No. of Bed / Cabin _____

Paying / Non Paying _____

Brief history of case B/L knee OA

Clinical Diagnosis _____

Particulars point to be Investigated MRI of both knees

Instruction _____

Date _____ Signature [Signature] 25/10/18

REPORT

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

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff.