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West Bengal Form No. 815

V-2370
MRD 1900286764

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Susoy Karmam Age..... 24 Sex..... M

Address.....

Physician / Surgeon..... V-9 Ward..... MMWS No. of Bed / Cabin..... 12

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 3/12/17

MRI Lumbosacral
Spine (Peg)
Cervical
Screening

Signature..... [Signature]

REPORT