

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

RG-18097011

Name..... Sujit Roy ..... Age..... 25y ..... Sex..... M

Address.....

Physician / Surgeon..... iii - (o) ..... Ward..... SSW - (o) ..... No. of Bed / Cabin..... 75

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis MRI of pelvis = B/L Rip.

Particulars point to be Investigated

Instruction

Date..... 12/12/18 .....

Signature..... Prashan Halder

**REPORT**