

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG-1800749399

Report / Treatment is required of

Name. Sudhrajit Chandra Age 19 year Sex M

Address.....

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

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

→ MRI L5 spine

Instruction

Date.....

Signature [Signature]

REPORT