

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Nefujan Babi Age 36 yrs Sex Male  
Address.....

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

Paying / Non Paying .....

Brief history of case

Cervical body tumor (RT)

Clinical Diagnosis

Particulars point to be Investigated

Instruction

MRI of neck

Date.....

Signature..... [Signature] 29/10/18  
R.M.O. CTVS Hospital

### REPORT