

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Ru-18098217

Report / Treatment is required of

Name..... JOKARA BIBI Age..... 3 yr Sex..... F

Address.....

Physician / Surgeon..... NSR Ward..... SSW

Paying / Non Paying..... No. of Bed / Cabin..... 12

Brief history of case  
Clinical Diagnosis Chd LBP with radiation along BL L4-5

Particulars point to be Investigated

Instruction MRI of LS spine

Date..... 14/12/18

Signature..... [Signature]  
DR BK PANI

**REPORT**