

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Reg 1800234792

Report / Treatment is required of

Name..... Debalina Mallick. ..... Age..... 35y ..... Sex..... F .....

Address.....

Physician / Surgeon..... IVS ..... Ward..... PSW ..... No. of Bed / Cabin..... 18. .....

Paying / Non Paying .....

Brief history of case Lumbagoache.

Clinical Diagnosis MRI LS Spine.

Particulars point to be Investigated

Instruction

Date..... 30/10/18 ..... Signature..... [Signature] .....

**REPORT**

SSPU Ward  
R.G. KAR MCH  
Kolkata - 700004