

01/11/19  
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West Bengal Form No. 815

Plate No. ....

Register No. RM80631675

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Bakhar M SK ..... Age..... 50 ..... Sex..... M .....

Address.....

Physician / Surgeon..... Ju (O) ..... Ward..... CB-6133 ..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case Trauma to (R) knee

Clinical Diagnosis

Particulars point to be Investigated MRI of (R) knee

Instruction

Date..... 31/10/19 .....

  
Signature.....

**REPORT**