

West Bengal Form No. 815

Plate No.

Register No. 180078

6069

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Fatema Bisoi Age..... 42y Sex..... F

Address.....

Physician / Surgeon..... Unit 2 M Ward..... FMW 6 No. of Bed / Cabin..... 29

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 12/11/18

MRI DL spine E
screening of cervical spine

Female Med
6th
Med

Signature..... 

REPORT