

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Ru 18090935

Report / Treatment is required of

Name..... Sayak Biswas Age 20yrs Sex..... M

Address.....

Physician / Surgeon..... NeuroMedicine Ward..... NeuroMed No. of Bed / Cabin..... M9

Paying / Non Paying.....

Male

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

dynamic MRI of cervical spine in flexion & extension (ATC) Ur - 22/11

Instruction

Date..... 22/11.....

Signature..... [Signature]  
22/11/2011

**REPORT**