

RA-1800839368.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... B/O Bipasha Mondal Age 1 mon. 12 days Sex..... M

Address.....

Physician / Surgeon..... Unit - DB Ward..... PIU No. of Bed / Cabin..... 3

Paying / Non Paying

Brief history of case Inability to move upper limbs.

Clinical Diagnosis B/L Erb's Palsy

Particulars point to be Investigated ~~USA med.~~ MRI Cervical Spine.

Instruction

Date..... 01/12/18

Signature..... [Signature]
R.M.O. [Signature]
M.O. [Signature]
R.G. Kar M.C. & Hospital

REPORT