

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

179486

Report / Treatment is required of

Name..... Basanta Paul Age..... 56y Sex..... male

Address.....

Physician / Surgeon..... Ward..... 51 No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date.....

Dorsal lumbar region
MRI of ~~lumbar~~
& Brain (D10 - L3)

Dr. S. S. Saha
21/2/16
Signature.....

Emergency Medical Officer
R. G. Kar M.C.H.
Kel-4

REPORT