West Bengal Form No. 815

V - 003373
MRI

Plate No. ER/19045

Register No. .....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Samu Soren ..... Age..... 63 yr ..... Sex..... M .....

Address.....

Physician / Surgeon..... Neuro Surg. ..... Ward..... TCU(NS) ..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case Traumatic Quadriparesis.

Clinical Diagnosis

Particulars point to be Investigated MRI ~~Brain~~ Cervical spine

Instruction Dr. Amit Ankur

Date..... 1/12/18. ..... Signature.....

REPORT