

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Dipankar Mondal Age..... 35 Sex..... M

Address.....

Physician / Surgeon..... NSX Ward..... ~~TEUC~~ No. of Bed / Cabin.....

Paying / Non Paying..... CB-ORS

Brief history of case

Clinical Diagnosis MRI dorsal spine

Particulars point to be Investigated

Instruction

Date..... 2/12/18

Signature..... 

REPORT
