

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Kasuna Adhikari Age..... 78 yrs Sex..... F

Address.....

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

Paying / Non Paying.....

Brief history of case Chronic pain lower back, generalised weakness

Clinical Diagnosis X-ray lumbar as spondylotic changes & disc lesion of

Particulars point to be Investigated MRI of L5 spine. multiple level

Instruction

Date..... 30/11/18

Signature.....

**REPORT**

[Signature]  
[Circular Stamp]  
Dr. H. Debbarma  
(MD)