

1800781570

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Anasua Bandopadhyay Age..... 29 y Sex..... F

Address.....

Physician / Surgeon..... TCU(o) Ward..... No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI cervical + screening of L/S spine +
S-I jts .

Particulars point to be Investigated

Instruction

Date..... 12/12/18

Signature..... Debon Bin

REPORT