

West Bengal Form No. 815

Plate No.

17/11/86

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Daly Jaiswal Age..... 32y Sex..... F

Address.....

Physician / Surgeon..... Ward..... TCU(0) No. of Bed / Cabin..... X1

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

MRI of Rt knee joint.

Particulars point to be Investigated

Instruction

Date..... 15/11/18



Signature.....

REPORT

Dr. Koushan Choudhry