

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

1800630093

Name..... FATMA BEBI Age..... 42 Sex..... F

Address.....

Physician / Surgeon..... Ward..... SSW No. of Bed / Cabin..... R2

Paying / Non Paying

Brief history of case C/O LB Pain

Clinical Diagnosis

Particulars point to be Investigated MRI of LS spine

Instruction

Date..... 16/11/18

Signature..... [Signature]

REPORT

9836747203