

07/08/18  
Govt. of West Bengal  
Department of Health & Family Welfare  
C.T. Scan Centre under PPP Project  
Murshidabad Medical College Hospital BHD  
Plate No.....  
Register, No.....

**MURSHIDABAD MEDICAL COLLEGE & HOSPITAL, 9163.**  
**Berhampore, Murshidabad.**  
**ELECTRO THERAPEUTICS DEPARTMENT**

9609317209

Report/ Treatment is required of *Prothoma Provenik*  
Name..... Age..... *30* Sex..... *F*

Address.....  
Physician / Surgeon..... *LV* Ward..... *OPD* No. of bed / cabin.....

Paying / Non-paying  
Brief history of case. *Pain in wrist*  
*CT scan of Lt*  
*wrist.*  
*(urgent)*

Clinical Diagnosis  
Particulars point to be investigated.  
Instructions

Date..... *28/8/18*

*R.M.O. (Saw)*  
Signature

R.M.O.-cum-Clinical Tutor  
Department of General Medicine  
Murshidabad Medical College & Hospital  
Berhampore Murshidabad

**REPORT**