

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Utpal Ashikar Age 28 yr Sex M

Address

Physician / Surgeon Ward OPD No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI both shoulder

Instruction

Date 5/10/18

DR. ARCHYA CHATTERJE
MD. DM (GASTRO)
RMO Cum Clinical Tutor
R. G. Kar M.C.H., Kol-4

Signature

REPORT

08/10/18
5:00 AM

PLEASE BRING ALL
NECESSARY REPORTS
ONE HOUR BEFORE
YOUR BOOKING TIME

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff.
(2) A note should, in all fracture cases, be made as to whether the splints may be removed.
(3) The time at which a Bismuth meal has been given should be noted.