

West Bengal Form No. 815

P.S - GOGHAT

Ph. No - 6294487255

Plate No. ....

Register No. ....

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

Report / Treatment is required of

RG/80072622a

Name..... SK MD Rashid..... Age..... 35Y..... Sex..... M.....

Address.....

Physician / Surgeon..... I(O)..... Ward..... SSW(O)..... No. of Bed / Cabin..... (43)

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of (RT) Shoulder

Instruction

Date..... 26/10/18.....

Signature.....

**REPORT**