

Handwritten notes: *00482* and *MRI* circled in blue ink.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

29-18097114

Report / Treatment is required of

Name *Shanawaz Khan* Age *28y* Sex *M*

Address

Physician / Surgeon *Unit W - (0)* Ward *SSW(0)* No. of Bed / Cabin *77*

Paying / Non Paying

Brief history of case

Clinical Diagnosis *MRI of (R) shoulder*

Particulars point to be Investigated

Instruction

Date *15/12/18*

Signature *Tushar Halder*

REPORT