

West Bengal Form No. 815

Plate No.

Register No. ER169421

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Shanchal Das Age..... 44 yrs Sex..... M

Address.....

Physician / Surgeon..... Unit II (0) Ward..... Ten(0) No. of Bed/Cabin..... -

Paying / Non Paying.....

Brief history of case..... (2) Shoulder pain

Clinical Diagnosis

Particulars point to be Investigated..... MRI of (L) Shoulder

Instruction

Date..... 27.10.18

Signature..... [Signature]

REPORT