

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name *Subhash ch Roy* Age *56 yrs* Sex *M*

Address

Physician / Surgeon *Unit IV med* Ward *W5* No. of Bed / Cabin *27*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI of Right shoulder

Instruction

Date *13.12.18*

Signature *Surajit Roy*

REPORT

Emergency Medical Officer
R. G. Kar M.C.H.
KOL-4