

*Handwritten notes:*  
135  
MRB

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Sujan Mallick Age 22y Sex M

Address .....

Physician / Surgeon U-II (O) Ward TEU 6th No. of Bed / Cabin 9

Paying / Non Paying .....

Brief history of case

*MRI of neck & shoulder (IT)*

Clinical Diagnosis

*To exclude Brachial plexus injury.*

Particulars point to be Investigated

Instruction

Date 18/12/18

Signature *[Signature]*

**REPORT**