

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Purnima Mridha ..... Age..... 45y ..... Sex..... F .....

Address.....

Physician / Surgeon..... Trauma D ..... Ward..... CBS ..... No. of Bed / Cabin..... 54 .....

Paying / Non Paying..... General .....

Brief history of case Post op day-08  
dam I.M.D 15/11/14

Clinical Diagnosis of C arm  
abscess USG C arm - Old mixed hematoma  
deep to muscle  
cellulosis of C arm

Particulars point to be Investigated

Instruction

MRI Left Arm

Date..... 3/12/15 .....

Signature..... [Signature] .....

**REPORT**

Arabi Sen