

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Biswanath Mondal Age 52 Sex M

Address .....

Physician / Surgeon Surg unit 3 Ward MSPW No. of Bed / Cabin (12)

Paying / Non Paying .....

Chief history of case R/c/o gallstone disease  
USG = 4B contracted single calculi in lumen  
of CBD stone

Clinical Diagnosis MRCP

Particulars point to be Investigated .....

Instruction .....

Date 09/11/18 Signature [Signature]

### REPORT

- Notes :
- (1) This form should, except in urgent cases, be signed by the Visiting Staff.
  - (2) A note should, in all fracture cases, be made as to whether the splints may be removed.
  - (3) The time at which a Bismuch meal has been given should be noted.
  - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.