

RGI 8078797

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Roushuna Bipri ..... Age..... 48 ..... Sex..... F .....

Address.....

Physician / Surgeon..... I ..... Ward..... Gastro ..... No. of Bed / Cabin..... 8F .....

Paying / Non Paying..... Gen. .....

Brief history of case..... Post cholecystectomy Bile leak.

Clinical Diagnosis

Particulars point to be Investigated

Instruction..... MRC P

Date..... 09/10/18

Signature..... [Signature]  
DR. ARCHYA CHATTERJEE.....  
MD. DM (GASTRO)  
RMO Cum Clinical Tutor  
R.G. Kar M.C.H., Kol-4

### 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.