

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG180072900

Report / Treatment is required of

Name..... Shiv Kumar Prasad Age..... 45y Sex..... M

Address.....

Physician / Surgeon..... IV(S) Ward..... TCU No. of Bed / Cabin.....

Paying / Non Paying..... Gen

Brief history of case Flo/c of cyst of Pancreas,

Clinical Diagnosis HPB → Pseudocyst @ chr. pancreatitis,

Particulars point to be Investigated MRECP

Instruction

Date..... 18/10/2018

Signature..... S.

REPORT