

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA180827LL

Report / Treatment is required of

Name..... Kanan Bala Porel Age..... 65yr Sex..... F

Address.....

Physician / Surgeon..... Ward..... Gastro No. of Bed / Cabin..... 2/F

Paying / Non Paying

History of case

Clinical Diagnosis

Post - ~~cholecystitis~~ ^{cholecystectomy}, post - ~~ERCP~~ choledocholithotomy,
post - ERCP.

Particulars point to be Investigated

MRCP.

Date

25/10/18

COB 540

Signature.....

REPORT

This form should, except in urgent cases, be signed by the Visiting Staff.
A note should, in all fracture cases, be made as to whether the splints may be removed.
The time at which a Bismuch meal has been...