

Date No.

Register No.

R.G.K.M. MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RN18088262

Report / Treatment is required of

Name..... Lipa Das Age..... 30yr Sex..... F

Address.....

Physician / Surgeon..... J. Das Ward..... Das No. of Bed / Cabin..... PF

Paying / Non Paying

Brief history of case

- Choledochal cyst
- Cholelithiasis

Clinical Diagnosis

• Failed clearance . CBD stenting done .

Particulars point to be Investigated

M R C P

Instruction

Date..... 16/11/18

Dr. S. Roy
 Deptt. of Gastrology
 R. G. K. M. C & H
 Kolkata-700 009

Signature..... Sujoy Roy

REPORT