

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Arati Mondal Age..... 52 yrs Sex..... F

Address.....

Physician / Surgeon..... L(S) Ward..... LABS No. of Bed / Cabin

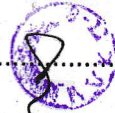
Paying / Non Paying

Brief history of case CECT W/A → GB calculi 3.3 x 2.3 cm irregular wall thickness of 7mm at fundus

Clinical Diagnosis CSB - 8.4 mm & distal herniation

Particulars point to be Investigated

Instruction NEED to look for any mass lesions in GB any pathology of liver & extra hepatic biliary system

Date..... 15/10/18 Signature..... 

REPORT

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- 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 Bismuth 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.