

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

18083684

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Sanjib Mendal ..... Age..... 30y ..... Sex..... M .....

Address.....

Physician / Surgeon..... Dr-S ..... Ward..... CB-031 ..... No. of Bed / Cabin ..... 11 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 25/10/18 .....

→ GB stone pancreatitis.  
→ MRCP

Signature.....

**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