

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA18092218

3226

Report / Treatment is required of

Name Sahida Hossain Age 50 yrs Sex F

Address Physician / Surgeon M. S. Ward FSW No. of Bed / Cabin 28

Paying / Non Paying

Brief history of case Cholelithiasis & stricture

Clinical Diagnosis in MRCP

Particulars point to be Investigated

Instruction

Date 30/11/18 Signature

REPORT

[Signature]
30/11/18
J. M. M.
30/11/18
[Signature]

03/12/18
4 AM

[Signature]
4 AM

Dulekup - 2
Radha - M - 2

হাতে 3-4 ঘন্টা সময়
নিরে আসবেন

বুকিং সময়ের থেকে
3 ঘন্টা আগে আসবেন।
PLEASE COME BEFORE
3 HOUR OF YOUR BOOKING TIME

PLEASE BRING ALL
PREVIOUS REPORT
স্বা স্বীকৃত পুরোনো রিপোর্ট
নিরে আনবেন

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.