

N-003374
MRCP

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Haral Biswas Age..... 62 Sex..... M

Address.....

Physician / Surgeon..... Su J Ward..... C307 No. of Bed / Cabin..... 26

Paying / Non Paying..... General

Brief history of case Obstructive jaundice & evaluation

Clinical Diagnosis mass (4cm x 1.8) - multiple hypointense
lesions in L3 lumbar, 2.8 cm gap in liver with
distention of veins

Particulars point to be Investigated MRCP

Instruction

Date..... 2/12/11

Signature..... [Signature]

REPORT

Arundhati

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.