

*Please give slot after 4 wks.*

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... *Payel Das* ..... Age..... *19y* ..... Sex..... *F* .....

Address.....

Physician / Surgeon..... *Med V-III* ..... Ward..... *AMPW7* ..... No. of Bed / Cabin..... *25D* .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis *recurrent pancreatitis*

Particulars point to be Investigated *MRCP*

Instruction

Date..... *22/09/2018* .....

Signature..... *[Signature]* .....

REPORT