

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Baroma Ray Age 50yr Sex F

Address .....

Physician / Surgeon U. V. Ch Ward FSWNS No. of Bed / Cabin 29

Paying / Non Paying .....

Brief history of case MREP (CBD Stricture)

Clinical Diagnosis Comment on diarrhoe

Particulars point to be Investigated of CHD & RADS LTD

Instruction Post cholecystectomy CBD Stricture

Date 17/12/18 Signature Sanyadev Sai

**REPORT**

(Patient)

Wt. 60 kg

18/12/18  
4.00 AM

Duoculux - 2  
Fadafal - 1 - 2

- 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.
  - (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.