R. G. KAR WEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department 2918084687
Report / Treatment is required of
Name Saxmla Oas Age 46 MB 3 Sex P
Address
Physician / Surgeon Ward FSPh No. of Bed / Cabin 21
Paying / Non Paying
Brief history of case Gall Hone Pancreal Fil
Clinical Diagnosis USG - GR-Multiple Calculi CRONNORMAL Diagnosis
Particulars point to be Investigated CRONOSMAL Gramoles
Date Signature LS
Date Signature Signature Signature
REPORT Stone

Register No.

Notes: (1) This form should, except in urgent cases, by 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.