

W Bengal Form No. 815

Plate No. ....

Register No. RG18085723

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

Report / Treatment is required of

Name..... Abul Kalam Gazi ..... Age..... 52 yrs ..... Sex.....

Address.....

Physician / Surgeon..... U-IV (S) ..... Ward..... C10B ..... No. of Bed / Cabin..... 50

Paying / Non Paying .....

Brief history of case ..... Obstructive Jaundice

Clinical Diagnosis

Particulars point to be Investigated ..... MRCP

Instruction

Date..... 1/11/18 .....

Signature..... Kunal Bittel .....

**REPORT**

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