

Voucher
001161

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

PH-18085150

Report / Treatment is required of

Name..... Madan Bisi Age 46 Sex R

Address.....

Physician / Surgeon..... (1) (1) Ward Corn No. of Bed / Cabin 67

Paying / Non Paying

Brief history of case

Clinical Diagnosis

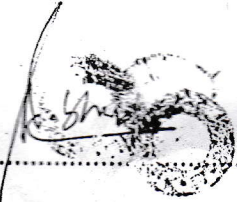
cholelithiasis & cholecholelithiasis

Particulars point to be Investigated

MRCU

Instruction

Date..... 1/11/18

Signature..... 

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.