

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

18085499

Report / Treatment is required of

Name..... Omre Ali Mondal Age..... 50 Sex..... M

Address.....

Physician / Surgeon..... S (III) Ward..... MSPD No. of Bed / Cabin..... 9

Paying / Non Paying .....

Brief history of case USG: GB distended, Multiple calculi in lumen.

Clinical Diagnosis H/O pain in R. hypochondrium

Particulars point to be Investigated MRCF

Instruction

Date..... 1/11/18

Signature..... Sushrute

1/11/18

### 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.  
 (3) The time at which a Bismuth meal has been given should be noted.