

Pt. ....

Register No. ....

Rh18088187

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department (urgent)

Report / Treatment is required of

Name..... Jharna Biswas ..... Age..... 49 yr ..... Sex..... F .....

Address.....

Physician / Surgeon..... Ward..... No. of Bed / Cabin..... 1F .....

Paying / Non Paying .....

Brief history of case MRCP (urgent) Suspected CBD Cal T

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 12/11/18 .....

Cholelithiasis

DR. ARGHA CHATTERJEE  
 MD (DM) (GASTRO)  
 RMO (Clinical Tutor)  
 B.S. KAR M.C.H. K.M.U.

Signature..... [Signature] .....

**REPORT**