

V/2774/MRCP

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

24 18096535

Report / Treatment is required of

Name..... SANTI BISHAY Age..... 65y Sex..... (F)

Address.....

Physician / Surgeon..... III 79 Ward..... CB022 No. of Bed / Cabin..... (78)

Paying / Non Paying

Brief history of case GB stone - CBD stone - Abnormal stomach

Clinical Diagnosis MRCP

Particulars point to be Investigated

Instruction

Date..... 13/12/18

Signature..... [Signature]

REPORT

C. B. S. V.
R. G. KAR MEDICAL COLLEGE & HOSPITAL
Kolkata

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 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