

Register No. ....

# G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *R4 18093685*

Report / Treatment is required of

Name *MAN SURA BIBI* Age *63* Sex *F.*

Address .....

Physician / Surgeon *IV* Ward *FMPW-7* No. of Bed / Cabin *229*

Paying / Non Paying *Free*

Brief history of case *Post cholecystectomy Colangitis.*

Clinical Diagnosis *MRC P.*

Particulars point to be Investigated

Instruction

Date *20/11/18*

Signature *Dr. Dehraj K. Pan*

**REPORT**