R. G. KAR MEDICAL COLLEGE & HOSPITAL **Electro Therapeutic Department** RG 18 COR 20780 Report / Treatment is required of Name ANIMA DAS Age 45 y Sex F Address..... Paying / Non Paying masional Herman + Chr. Calulus cholewatty Brief history of case **Clinical Diagnosis** MRCP Particulars point to be Investigated Instruction Signature Agnula Ghosh REPORT 1156 - Dilated CBD Tearly dilatation of IHBR d/t Soft twow?mass/Sludger in Proximal & CBD - Chr Calculus cholesystetis - Hepatomegaly

Notes : (1) This form should, except in urgent cases, by 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.