

West Bengal Form No. 815

Plate No.

Register No. R61800871534

V-006273

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Makhtar Ahmed Age 45y Sex M

Address R61800871534

Physician / Surgeon IV med. Ward MMW5 No. of Bed / Cabin (12)

Paying / Non Paying

Brief history of case Jaundice & ascites & usg showing dilated CBD.

Clinical Diagnosis MRCP. X 2 months.

Particulars point to be Investigated

Instruction

Date 17/12/18

Signature Dr. Snehasish
Ph.D.

REPORT

Visiting Physician
Dept. of Medicine
MMW 5th
R.G. Kar M.C.H., 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