

Plate No.

R 61806 293118
Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Kashinath Bhoosh Age..... 72 Sex..... M

Address.....

Physician / Surgeon..... mitra Ward..... room 6 No. of Bed / Cabin..... 12

Paying / Non Paying.....

Brief history of case Acute pancreatitis with cholelithiasis

Clinical Diagnosis MRCP

Particulars point to be Investigated

Instruction

Date..... 15/11/18

R. G. KAR MCH
M M W 6TH
Kolkata

Signature..... P. S. Saha
Kolkata

REPORT

- (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 Bismuth 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.