

17/11/18
5:30AM

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R418086898

Report / Treatment is required of

Name..... Pratima Das Age 6 yrs Sex F

Address..... ..

Physician / Surgeon..... Paed Sr Ward Paed Sr Ward No. of Bed / Cabin Ch-10

Paying / Non Paying

Brief history of case Post op. pt. of choledochoduodenostomy ~~.....~~

Clinical Diagnosis

Particulars point to be Investigated MRCP for detection of any biliary leakage.

Instruction

Date..... 16/11/18

Signature..... [Signature]

RBSK
R. G. Kar Medical
College & Hospital
Kolkata

REPORT

**PAYMENT MAY
BE DONE BY
.....FUND**

[Faint stamp: R.G. Kar Medical College & Hospital]