

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

979

Report / Treatment is required of

Name Arifa Anjum Age 14 Sex F

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying  
Brief history of case  
Clinical Diagnosis

MRECT  
Break

Particular point to be investigated

Instructions

Date 30/6 Signature \_\_\_\_\_  
Report

Weight:  
Date: 30/06/2018  
T

Amount
600.00

600.00
0.00
0.00
600.00

CH CENTRE

- Note:—
- (1) This form should expect 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 have been given should be noted.
  - (4) In the M. C. H. this form should be send to the X-Ray Department at 8-30 a.m. for appointment to time.