

Form No. 815

Plate No.

Register No. 149254

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

DIT

Name

Manjiv Das

Age

22

Sex

♂

Address

Physician / Surgeon

S. Das

Ward

PMU

No. of bed/cabin

214

Paying / Non-Paying

Brief history of case

CT scan

Clinical Diagnosis

Particular point to be investigated

Date

04/07/20

Instructions

Report

Signature

- 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

600.00
0.00
0.00
600.00

Amount

Date: 03/07/20

Weight: