Register No. 817

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Noorullah Age 25 Sex M

Address

Physician / Surgeon Ward No.of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis HRCT. Thorax

Particular point to be investigated

Instructions

Date 8/7 Signature

Report

Veight:
Date: 03/07/2018
IT

Amount
870.00

	870.00
	0.00
	0.00
	870.00

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.