

Plate No.
Register No. 149679

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Chanda Shree Age 26 Sex F.

Address _____

Physician / Surgeon Dr. S. Pal Ward FACW No. of bed/cabin 65

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT scan of brain

Particular point to be investigated

Instructions

Date 3/2/12

Signature 3/2/12

Report

Weight:	
Date:	03/07/20
CREDIT	
nt	Amount
	600.00
	600.00
	0.00
	0.00
	600.00
RESEARCH 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.