

# DISTRICT HOSPITAL HOWRAH 107795

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bharati Jadan Age 50 Sex f

Address \_\_\_\_\_

Physician / Surgeon Dr SM Ward Asw No. of bed/cabin 45

Paying / Non-Paying

Brief history of case

Clinical Diagnosis AW

NCT brain

Particular point to be investigated

Instructions

Date

8/2/18

Signature

Report

Weight:  
Date: 03/07/2018

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.