

*Urgent*

# DISTRICT HOSPITAL HOWRAH *152801*

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name *Sulchani Rana* Age *55* Sex *M*

Address \_\_\_\_\_

Physician / Surgeon *D. S. M.* Ward *M/W* No. of bed/cabin *24*

Paying / Non-Paying

Brief history of case

Clinical Diagnosis *Adm* *NEET* *Brain*

Particular point to be investigated

Instructions *3/21/11*

Date

*[Signature]*

Signature

Report

Weight:  
Date: 03/07/20

EDIT	Amount
	600.00

600.00
0.00
0.00
600.00

SEARCH 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.