

DISTRICT HOSPITAL HOWRAH 1 87799

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Rani Shaw Age 2 1/2 Sex F

Address _____

Physician / Surgeon ASM Ward AW No. of bed/cabin PH

Paying / Non-Paying

Brief history of case

Clinical Diagnosis Ad
NEET Brach

Particular point to be investigated

Instructions
Date 3/7/11

Signature [Signature]

Report

Weight:
Date: 03/07/2018

REDIT	
nt	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.