

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

157803

Report / Treatment is required of

Name Aswanga Saha Age 50 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr. Saha Ward mya No. of bed/cabin 099

Paying / Non-Paying

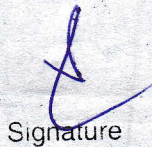
Brief history of case Adw

Clinical Diagnosis NCT Branch

Particular point to be investigated

Instructions 3/2/11

Date

Signature 

Report

Weight:  
Date: 03/07/2018  
DIT

Amount
600.00

600.00
0.00
0.00
600.00

ARCH 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.