

# DISTRICT HOSPITAL HOWRAH 157879

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name SR Golab Ali Age 23 Sex M

Address \_\_\_\_\_

Physician / Surgeon msm Ward msw No. of bed/cabin 782

Paying / Non-Paying

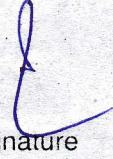
Brief history of case

Clinical Diagnosis Adv NCET Break

Particular point to be investigated

Instructions 4/7/11

Date

  
Signature

Report

Weight:	
Date:	04/07/20
EDIT	
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.