

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name PRIYANKA VERMA Age 25Y Sex F

Address FMW-X2.

Physician / Surgeon S.D. Ward FMW No. of bed/cabin X2.

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCCT Abdomen

Particular point to be investigated

Instructions

Date 4/7/18.



Signature

Report

Weight:
Date: 04/07/2018
DIT

Amount

1,740.00

1,740.00

0.00

0.00

1,740.00

RCH 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.