

107

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

ht:

04/07/2018

Name Milam Debi Age 30 Sex F

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C/ECT of  
Brach

Particular point to be investigated

Instructions

Date 4/7

[Signature]

Report

Amount

600.00  
400.00

1,000.00  
0.00  
0.00  
1,000.00

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.