

277

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

ight:  
e: 04/07/2018

Amount  
1,740.00

Report / Treatment is required of

Name S. Kumar Age 18 Sex M  
Address \_\_\_\_\_

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*CT Scan Abdomen  
urgent*

Particular point to be investigated

Instructions 4/2  
Date

*[Signature]*  
Signature

Report

1,740.00  
0.00  
0.00  
1,740.00

RESEARCH CENTR

- 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.