

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Georia Balal Age 27 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. S. Pal Ward FNU No. of bed/cabin 75

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

urea - 34 mg/dl  
Creat. - 1.2 mg/dl

CECT OF ADRENAL GLAND

Particular point to be investigated

Instructions

Date 4/8/13

Signature [Signature]

Report

4/8/13

Weight:  
Date: 04/07/2013  
EDIT

Amount
1,740.00
1,600.00

3,340.00
0.00
0.00
3,340.00

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.