

No. 815

Plate No.  
Register No.

148722

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name MD. Islam Age 70 yrs Sex Male

Address \_\_\_\_\_

Physician / Surgeon Dr. Gelahuddin Ward MSW No. of bed/cabin X15

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Δ Intestinal obstruction to mass?  
ECT of Abdomen

Particular point to be investigated

Instructions

Date

[Signature]  
Signature

Report

Weight: \_\_\_\_\_  
Date: 04/07/2018  
IT

Amount
1,740.00
1,600.00

3,340.00
0.00
0.00
3,340.00

SEARCH CENTRE

Blood  
Urea — 33 mg/dl  
Creatinine — 0.9 mg/dl

X. USG —

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.