

Plate No.  
Register No. 152767

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Weight:  
Date: 04/07/2018

EDIT	Amount
t	600.00

Report / Treatment is required of

Name BULBUL MALAKAR Age 53Y Sex F

Address FMW - 15

Physician / Surgeon S.K.A Ward FMW. No. of bed/cabin 15

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*CT Scan - Brain  
(weegant)*

Particular point to be investigated



Instructions

Date 4/7/18.

Signature

Report

600.00
0.00
0.00
600.00

T 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.