

Plate No.
Register No. 152797

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Swapan Adhya Age 64 yrs Sex m

Address _____

Physician / Surgeon S K Anand Ward 1111 No. of bed/cabin 1111

Paying / Non-Paying

Brief history of case

Cl scan (Brain)

Clinical Diagnosis

Particular point to be investigated

Instructions

Date

Signature [Signature]

Report

Weight:

Date: 04/07/201

EDIT

Amount

600.00

600.00

0.00

0.00

600.00

RESEARCH 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.