

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Radhika Paul Age 40 Sex F

Address \_\_\_\_\_

Physician / Surgeon Lokanadra Ward PSW No. of bed/cabin ENT,

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

*CT scan of Neck  
(URGENT)*

Instructions

Date

*4/7/18*

Signature

Report

Weight:

Date: 04/07/2018

REDIT

nt	Amount
	870.00

870.00
0.00
0.00
870.00

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.