...n No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ayaan Mondal Age 3 Sex F

Address

Physician / Surgeon Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CELT Scan

Particular point to be investigated Scan.

Instructions

Date Signature

Report

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.

83/

Weight:
Date: 04/07/201
DIT

Amount
600.00
400.00
1,000.00
0.00
0.00
1,000.00

SEARCH CENTRE