

No. 815

Plate No.
Register No. 153001

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name SUKHA GHOSH. Age 60y. Sex F

Address FMW-72

Physician / Surgeon S.K.A Ward FMW No. of bed/cabin 72

Paying / Non-Paying

Brief history of case

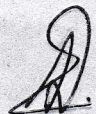
Clinical Diagnosis

CT Scan - Brain (weight)

Particular point to be investigated

Instructions

Date 4/7/18.



Signature

Report

Weight:
Date: 04/07/2018

nt	Amount
	600.00

NT: 600.00
T: 0.00
600.00
ART RESEARCH CEN

- 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.