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Plate No.
Register No. 152446

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Weight:
Date: 05/07/20
CREDIT

Report / Treatment is required of

Name Suehismita Mitra Age 35y Sex F

Address _____

Physician / Surgeon SK Anku Ward FMW No. of bed/cabin 625

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

E.T. Scan Brain

(49)

Particular point to be investigated

Instructions

Date 09.07.18

Signature

Report

nt	Amount
	600.00
	600.00
	0.00
	0.00
	600.00

T 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.