

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Mushtaq Age 65 Sex M -256

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

C.T Scan of Abdomen

Instructions

Date

[Signature]
Signature

Report

Weight:
Date: 05/07/20

EDIT

t Amount

1,740.00

1,740.00

0.00

0.00

1,740.00

RESEARCH CENTRI