

DISTRICT HOSPITAL HOWRAH 1234-68
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ranjit Mahanta Age 22 Sex M

Address _____

Physician / Surgeon S. P. Uj Ward mmw No. of bed/cabin 4132

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

cf 3 on group

Particular point to be investigated

Instructions

Date

[Signature]
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.