

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Dr Lip Mishra Age 36 Sex M

Address _____

Physician / Surgeon S. Pal Ward M M No. of bed/cabin 218

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ET scan (abdomen)

of severe pain abdomen
(Urinary)

Particular point to be investigated

Acute Pancreatitis

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.