

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ram Balash Das Age 80y Sex m

Address _____

Physician / Surgeon Dr. D.K. Khan. Ward msw No. of bed/cabin 219

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

- CECI - WIA.
- CECI - Brain.

Particular point to be investigated

Instructions

Date


Signature 28/07/10

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.