

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

173486

Report / Treatment is required of

Name MERRA Devi Age 57 Sex F

Address _____

Physician / Surgeon Dr M J Ward A12 No. of bed/cabin 109

Paying / Non-Paying Adv

Brief history of case

Clinical Diagnosis

NCE T - Break

Particular point to be investigated

Instructions

Date

27/11/18

[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.