

West Bengal Form No. 815

Plate No.  
Register No. 173510

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ruksana Begam Age 50 Sex F

Address \_\_\_\_\_

Physician / Surgeon S Pal Ward FMW No. of bed/cabin 77

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date 27/7/18

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.