

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

149055

Weight:
Date: 01/07/2018

Report / Treatment is required of

Amount	Amount
600.00	

Name Salma Begam Age 70 Sex F

Address _____

Physician / Surgeon S. Pal Ward AMW No. of bed/cabin 74

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT. brain

Particular point to be investigated

Instructions

Date

11/7/18

Signature

[Signature]

Report

600.00
0.00
0.00
600.00

ART RESEARCH CENT

- 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.