815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

14969/s.

Report / Treatment is required of

Name Billo Sardar Age 60 Sex F

Address

Physician / Surgeon Dr S. Pal Ward Payw No.of bed/cabin X91

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

(R) side hemiplegia CT Scan Brain

Particular point to be investigated

Instructions

Date 1/7/18 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.
(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.

Weight:
Date: 01/07/201
DIT

Amount
600.00

600.00
0.00
0.00
600.00

EARCH CENTRE