

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

149693

Report / Treatment is required of

Name Anuradha Dutta Age 69 Sex F

Address _____

Physician / Surgeon D. S. Pal Ward PMW No. of bed/cabin X 89

Paying / Non-Paying
Brief history of case
Clinical Diagnosis

CT scan brain

Particular point to be investigated

Instructions

Date

11/7/19

Signature

[Signature]

Report

Weight:	
Date:	01/07/20
CREDIT	
t	Amount
	600.00

600.00
0.00
0.00
600.00
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.