

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Manto Kundu. Age 82y Sex M

Address \_\_\_\_\_

Physician / Surgeon DR. D. Dutta Ward CCW No. of bed/cabin 8

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated CT Brain.

Instructions

Date

*M. Das*  
Signature  
11/7/2018

Report

Weight:  
ate: 01/07/201  
T

Amount
600.00

600.00
0.00
0.00
600.00

RCH CENTRE

- 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.