

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name BINOD SHARMA Age 20 Sex M

Address Howrah

Physician / Surgeon P.K. P.K. Ward M.S.D. No. of bed/cabin 872

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCE Brain

Particular point to be investigated

Instructions

Date 2/1/18

Signature [Signature]

Report

Weight:
Date: 02/07/20
DIT

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 send to the X-Ray Department at 8-30 a.m. for appointment to time.