Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

852

Report / Treatment is required of

Name R Banerjee Age 55 Sex M

Address

Physician / Surgeon Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T Scan of Brain

Particular point to be investigated

Instructions

Date 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: 02/07/20
DIT

Amount
600.00

600.00
0.00
0.00
600.00

ARCH CENTRE