

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

719

Report / Treatment is required of

Weight:
Date: 02/07/2018
DIT

Name Lankes Hog Age 11 Sex M

Address _____

Physician / Surgeon Neer Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Handwritten: HRES Thorsas

Particular point to be investigated

Instructions MZ

Date

Signature [Signature]

Report

Amount
870.00
0.00
0.00
870.00

SEARCH CENTR

- 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.