orm No. 815

Plate No.

Register No. 97088

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Kakali Patra Age 45yr Sex F

Address

Physician / Surgeon Dr JNM Ward ASN No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis NCCT 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: 02/07/2018

IT

Amount
600.00

600.00
0.00
0.00
600.00

CH CENTRE