Plate No.
Register No. 150892

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Difali Santra Age 55y Sex F

Address

Physician / Surgeon Dr. B. Goswami Ward FMW No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT scan brain -

Particular point to be investigated

Instructions

Date 2/7/18 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.

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te: 02/07/2018

Amount
600.00

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