

DISTRICT HOSPITAL HOWRAH

152106

ELECTRO-THERAPEUTIC DEPARTMENT

Weight:
Date: 04/07/2018

Report / Treatment is required of

REDIT

nt	Amount
	600.00

Name Ram Bhawan Jaiswal Age 32 Sex M

Address _____

Physician / Surgeon Dr S.K.A Ward MMW No.of bed/cabin X/12

Paying / Non-Paying

Brief history of case

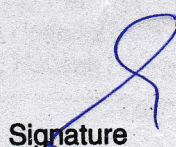
Clinical Diagnosis

CT scan Brain.

Particular point to be investigated

Instructions

Date 4/7/18



Signature

Report

600.00
0.00
0.00
600.00

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