

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Swapom Kumar Choudhary Age 60y Sex M

Address \_\_\_\_\_

Physician / Surgeon S K Anand Ward MMW No. of bed/cabin 27

Paying / Non-Paying

Brief history of case


Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date 28.08.18

  
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.
  - (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.