

DISTRICT HOSPITAL HOWRAH 227753.
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ranu Pramanick Age 60y Sex F

Address _____

Physician / Surgeon B. C. Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particular point to be investigated

Instructions

Date

21/10/18

Signature

Report

বুকিং সময়ের থেকে
> ঘন্টা আগে আসবেন।
PLEASE COME BEFORE
1 HOUR OF YOUR BOOKING TIME

4/10/18
at 11 AM

7278547343

PLEASE BRING ALL
PREVIOUS REPORT
দয়া করিয়া পুরোনো সমস্ত
রিপোর্ট নিয়ে আসবেন

হাতে 3-4 ঘন্টা সময়
নিয়ে আসবেন

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.