This Form to be used only by Doctors on salary

273/13

## DEPARTMENT OF INDIAN AFFAIRS

## DOCTORS' MONTHLY REPORT

AGENCY Battleford BAND Doctor's Name...... B. C. Norquey .. H. D...... Address .... Battleford Total miles travelled...... 2010 NAME OF PATIENT DISEASE SERVICE RENDERED RESULT a . Velgat Defective vision Store Glasses Wilfred Wuttunee Stomach Plu. Vicit and med Better Victoria Micotine Stomach Flu 2 vicits and med tro Ed Micotino Expecting 3 visits Post natal visit Baby Died Malnutrition Harry Tuttunee Stab wound from tr Butter Lydia Chechewayo Willie Spyglass Lens Alexander Dymenorrhoes Consult and med Cut on head (assault Tion to any distance of the same of the sa Better No improvement Carles testh ONE OF THE PROPERTY OF ire Alex Vahpas Mitumeticon Visit and Med Mys Andrew Vabpas Baby Mirastie Trauma of breast Visit and mod Mrs Modeumin Ouiseau Okene Mrs Poz Mrs Coming Day Buby Poz Eli Vuttumes To Clinic Suppression of Detter Office consult and med Tuberculesia er Skin 4 visits Dressings 6 visits Dressings Absess Conjunctivitie Trachoma Consult and treatment Johnson... Baby Cladu Pleurisy 2 visits Better Ere Seepweessieum Intested Tinger Dressings Stells Tooth extd ers Oxibin Trachoma Office Street and the Mary Poyachow Are Lagle Chief Are Spyglace Irone Jineday Rheumatism Consult and med Consult and med Consult and dressing Cut infected Detter Furuneulosia Visit and treatment Setter Marcel Desjarlais Teeth extd Ton Clay Indigestion Consult and med Setter mil Chickeness Pulm, T B 3 vicite Bales Bre Andrew Swimmer Indigestion Visit and med etter Rea Beenle Pailip Armstrong Jatty Tumour Consult and advice

COLUMN 1-Enter the name of every patient treated during month, ONCE ONLY.

Trachoma

COLUMN 2—Give a definite and accurate diagnosis, if possible.

COLUMN 3—State clearly the service rendered each patient—number of calls at home or hospital, office consultations, examinations, operations, etc.

COLUMN 4-Indicate briefly-better, worse, died, recovered, doing well, etc.

I certify that this is a true report of attendance

Hen

Consult and Speciment

M.D.

Indian Agent

ONE COPY TO REACH THE DEPARTMENT AT OTTAWA EVERY MONTH

Form No. 8

lary Wuttunee

Indian Affairs (RG 10, Volume 1015)

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