

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name.....Suraima Kanem..... Age.....20..... Sex.....F.....

Address.....

Physician/Surgeon..... Ward.....

No. of Bed Cabin..... Paying / Non-Paying.....

Brief history of case Headache (Severely)

Clinical Diagnosis

Particular Point to be investigated. CT Scan Brain.

Instruction

Date- 14/08/18

Signature S. K. Choudhury

REPORT

Medical Officer
Gen & JNM Hospital
(W.B.U.H.S.)
Kalyani, Nadia

7924/2960
Kly