

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Dobebato Nath Age..... 37yr Sex..... M.....

Address.....

Physician/Surgeon..... Ward..... ER 23015.....

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

Brief history of case w/o loss of consciousness

Clinical Diagnosis

Particular Point to be investigated.

Instruction

CT scan brain

Date- 19/8/18

Signature

[Signature]

REPORT

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

7929
80 kg

9874239102