

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

874

Report / Treatment is required of

Name Sujata Kalyan Age 40 Sex F

Address _____

Physician / Surgeon Dr. P. K. Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT. Brain

Particular point to be investigated

Instructions Dr. P. K.

Date _____

Signature _____

Report

Light:
e: 05/07/201

Amount
600.00

600.00
0.00
0.00
600.00

H CENTRE