

815

Plate No.
Register No. 149592

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Weight:
Date: 05/07/2018

EDIT	Amount
	870.00

Report / Treatment is required of

Name Ram. Rab. Ram Age 65 Sex A

Address _____ Ward med No. of bed/cabin 13

Physician / Surgeon S.K. Anbure

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

~~Heart (thorax)~~
CT scan neck
(specify neck lymph node)

Particular point to be investigated

Instructions

Shrey
Signature

Date 4/7/18

Report

870.00
0.00
0.00
870.00

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