

Form No. 815

Plate No.  
Register No. 153895

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Jahan Sentra Age 60 Sex M

Address \_\_\_\_\_

Physician / Surgeon S. B. Ghosh Ward MMW No. of bed/cabin 64

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT-Brain

Particular point to be investigated

Instructions

Date 05/07/18

Jh  
Signature

Report

Weight:  
Date: 05/07/2018

EDIT	Amount
	600.00

600.00
0.00
0.00
600.00

RESEARCH CENTRE