

in No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

153891

Name Maulin Adhikary Age 65 Sex M

Address _____

Physician / Surgeon S. Banerji Ward mmw No. of bed/cabin X23

Paying / Non-Paying

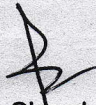
Brief history of case

Clinical Diagnosis

CT - Brain

Particular point to be investigated

Instructions



Signature

Date

Report

Weight:
Date: 06/07/20

CREDIT	
nt	Amount
	600.00

600.00
0.00
0.00
600.00

SEARCH CENTRE