Form No. 815

Plate No.
Register No. 153967

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Saira Banu Age 60y Sex F

Address

Physician / Surgeon Dr-S-Pal Ward PMW No. of bed/cabin X40

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT Scan Brain.

Particular point to be investigated

Instructions

Date 6/7/18

Signature

Report

Weight:
Date: 06/07/2018
EDIT

t	Amount
	600.00

	600.00
	0.00
	0.00
	600.00

ESEARCH CENTRE