

No. 815

Plate No.
Register No.

179

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sreemoyee Chakrabarti Age 14 Sex F

Address _____

Physician / Surgeon 70 pm Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT. Scan Brain

Particular point to be investigated

Instructions *dfz*

Date

Signature

Report

Weight:
Date: 06/07/2018
F

Amount
600.00

600.00
0.00
0.00
600.00

ARCH CENTRE