

Form No. 815

Plate No.

Register No. 154070

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Usha Rani Maity Age 84y Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. S. Pal Ward FANW No. of bed/cabin XII

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*CT scan brain -*

Particular point to be investigated

Instructions

Date

*6/7/18*

Signature

*[Signature]*

Report

Weight:

Date: 06/07/2018

EDIT

Amount

600.00

600.00

0.00

0.00

600.00

SEARCH CENTRE