

Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

692

Report / Treatment is required of

Name Mamta Singh Age 49 Sex F

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

EEG scan showed

1

Particular point to be investigated

Instructions

Date 5/7

[Signature]
Signature

Report

Weight:
Date: 06/07/201

CREDIT	
Item	Amount
	870.00
	800.00

1,670.00
0.00
0.00
1,670.00

SEARCH CENTRE