

West Bengal Form No. 815

Plate No.
Register No. 172485

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Rite Das Age 40 Sex F

Address _____

Physician / Surgeon Dr. Ar Ward PSW No. of bed/cabin 33

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date 26/7/18

[Signature]

Signature

Report