

West Bengal Form No. 815

Plate No.  
Register No. 172623

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sogmaya Devi Age 67 Sex F

Address \_\_\_\_\_

Physician / Surgeon  S Pal Ward FMIW No. of bed/cabin 864

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT Brain

Particular point to be investigated

Instructions

Date 27/7/18

Signature [Signature]

Report