

West Bengal Form No. 815

Plate No.
Register No.

169541

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Debjit Singh Age 23y Sex M

Address _____

Physician / Surgeon SK. e Ward MSW No. of bed/cabin 263 (88)

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

HRCT Scan of face 2mm cards
and 3D Recommendation

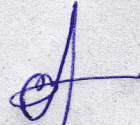
Particular point to be investigated

Instructions

Date

27.12.18

Signature



Report