

West Bengal Form No. 815

Plate No.
Register No. 173416

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Debsupa Paul Age 13 Sex F

Address _____

Physician / Surgeon S Paul Ward RMW No. of bed/cabin 193

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date 27/7/18

Signature [Signature]

Report

West Bengal Form No. 815

Plate No.
Register No. 173416

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Debsupa Paul Age 13 Sex F

Address _____

Physician / Surgeon S Paul Ward RMW No. of bed/cabin K93

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date 27/7/18

Signature [Signature]

Report