West Bengal Form No. 815

Plate No.
Register No.172507

## DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is requ	uired of	
Name Archana	Charui	AgeY Sex
Address	1.0011.	
Physician / Surgeon	S S BONCON Ward KN	No. of bed/cabin 35
Paying / Non-Paying		
Brief history of case	a	
Clinical Diagnosis	CT Brain	
Particular point to be investigated		
No. of the second		
Instructions		
Date 27/7/18		Signature
Report		