

West Bengal Form No. 815

Plate No.
Register No. 173863

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Soma Dewi Age 75 y Sex F

Address _____

Physician / Surgeon S. Anand Ward FMW No. of bed/cabin X 3 2

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions CT scan brain

Date 28/7/18

Signature 

Report