

West Bengal Form No. 815

Plate No.
Register No.

938

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name R. Khatri Age 24 Sex F

Address _____

Physician / Surgeon ICW Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Abdomen

Particular point to be investigated

Instructions

Date

28/2/22

Signature

[Signature]

Report