

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

3961

Report / Treatment is required of

Name R. Fadhma Age 7yr Sex F

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCCT
Brain

Particular point to be investigated

Instructions

Date

[Handwritten signature]

Signature

[Handwritten signature]

Report