

West Bengal Form No. 815

Plate No.  
Register No. 174201

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Anwara Begam Age 60 Sex F

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward PMW No. of bed/cabin X 39

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions CT scan brain

Date 28/7/18

Signature 

Report