

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name

R. Khefoan

Age

28

Sex

F

Address

Physician / Surgeon

Ward

No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan
Brain

Particular point to be investigated

Instructions

Date

28/7

Signature

[Signature]

Report