

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

134613

Report / Treatment is required of

Name md Safaul Age 18 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr S. D Ward MMW No. of bed/cabin X/10

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

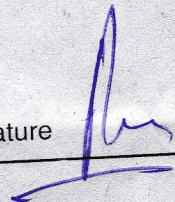
Particular point to be investigated

Instructions

Date

30/12

Signature



Report