

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

174602

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Tinku Singh Age M Sex 40

Address _____

Physician / Surgeon Dr S.D Ward How No. of bed/cabin K102

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date

30/7/18

Signature

[Signature]

Report