

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

174616

Report / Treatment is required of

Name Aakash Panigrahi Age 17 Sex M

Address _____

Physician / Surgeon Ans-D Ward MW No. of bed/cabin X/12

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C + Scan Brain

Particular point to be investigated

Instructions

Date 30/7/13

Signature

[Signature]