

West Bengal Form No. 815

Plate No.  
Register No. 175536

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Chandira Devi Age 55 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. S. Pal Ward RW No. of bed/cabin 81

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT abdomen

Particular point to be investigated

Instructions

Date

30/8/12

Signature

30/8/12

Report