

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

670

Name S. K. Das Age 15 Sex F

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

E.T. Scan
Brain -

Particular point to be investigated

Instructions

Date

30/7

Report

Signature

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