

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

175819

Report / Treatment is required of

Name Devanta Adala Age 65 Sex M

Address _____

Physician / Surgeon Dr Bn Ward MW No. of bed/cabin X60

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date 31/7/13

Signature

Report

[Signature]