

West Bengal Form No. 815

Plate No.

Register No.

~~37~~
175706

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Malati Khan. Age 67 Sex F

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

8420901044

Particular point to be investigated

Instructions CT scan brain

Date 30/7/18


Signature

Report