

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

580

Report / Treatment is required of

Name U. Debi Age 30 Sex P

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan of Brain

Particular point to be investigated

Instructions

Date

Signature

Report

[Handwritten Signature]
31/7/18