

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

123703

Report / Treatment is required of

Name Bimal Das Age 60 Sex M

Address _____

Physician / Surgeon Dr SD Ward MND No. of bed/cabin 170

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

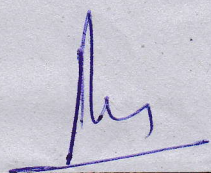
Particular point to be investigated

Instructions

Date

31/7/10.

Signature



Report