

West Bengal Form No. 815

Plate No.
Register No. 177037

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Fachia Bevi Age 75 Sex R

Address _____

Physician / Surgeon S. Sebnath Ward AMU No. of bed/cabin 181

Paying / Non-Paying

Brief history of case

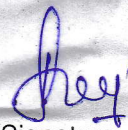
Clinical Diagnosis

CT scan (Brain)

Particular point to be investigated

Instructions

Date 1/8/18


Signature

Report