

West Bengal Form No. 815

BMP

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
**ELECTRO-THERAPEUTIC DEPARTMENT**

884

Report / Treatment is required of

Name Karone Das Age 50 Sex ♂/M

Address \_\_\_\_\_

Physician / Surgeon Dr. Chakrabarti Ward EMU No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T. Scan non-contrast  
(axial - cerebral)

Particular point to be investigated

Instructions

Date 1/8/19

Signature \_\_\_\_\_

Report