

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

223

Report / Treatment is required of

Name T. Mondal Age 76 Sex M

Address _____ Ward _____ No. of bed/cabin _____

Physician / Surgeon _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan of Brain

Particular point to be investigated

Instructions

Date

Signature

