

West Bengal Form No. 815

Plate No.
Register No. 174611

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Samir Hela Age 13y Sex M

Address HDT

Physician / Surgeon Dr S.K.C. Ward CCU-6 No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

e.T scan of brain

Particular point to be investigated

Instructions

Date

Signature

Report