

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH 175809
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Janaki Dhal Age 65 Sex M

Address _____

Physician / Surgeon Dr. B. C. Ward Med No. of bed/cabin (9)

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date

1/8/18.

Signature

[Signature]

Report