

West Bengal Form No. 815

Plate No.
Register No. 177712

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Brijesh Prasad Age 36 Sex M

Address _____

Physician / Surgeon Dr. G. N. M. Ward MSW No. of bed/cabin X47

Paying / Non-Paying

Brief history of case

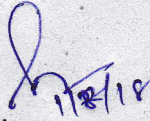
Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date


Signature

Report