

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

177720

Report / Treatment is required of

Name Ram Prasad Jha Age 75 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr G. D Ward Mm No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying  
Brief history of case  
Clinical Diagnosis

CT scan brain.

X129

Particular point to be investigated

Instructions

Date

1/8/18

Signature

