

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name DRS. GITA

Address FMW-X32

Physician / Surgeon S.D.

~~Paying~~ / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions

Date 1/8/18

Report

Signature

CT Scan - Brain (urgent)
(Supply plate)

No. of bed/cabin X32

Ward FMW

Age

Sex F

Plate No. 177751

Register No. 177751