

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

170750

Report / Treatment is required of  
Name Shardhan G. Ghosh Age 39 Sex M

Address \_\_\_\_\_ Ward 1111 No. of bed/cabin X3

Physician / Surgeon \_\_\_\_\_  
Paying / Non-Paying \_\_\_\_\_  
Brief history of case \_\_\_\_\_  
Clinical Diagnosis Ct Brain

Particular point to be investigated \_\_\_\_\_

Instructions \_\_\_\_\_  
Date 1/1/18

Signature [Signature]