

West Bengal Form No. 815

Plate No.  
Register No. 177810

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Radha Devi Age 45 Sex F

Address \_\_\_\_\_

Physician / Surgeon S. Halder Ward AMU 104 No. of bed/cabin 104

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT-Brain

Particular point to be investigated

Instructions ortho  
Date

[Signature]  
Signature

Report