

West Bengal Form No. 815

Plate No.
Register No. 178035

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bannder Keryas Age 58 Sex M

Address _____

Physician / Surgeon S. Banerji Ward MM No. of bed/cabin 015

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

LT Scan (Brain)

Particular point to be investigated

Instructions

Date

Signature



Report