

West Bengal Form No. 815

Plate No.
Register No.

(2/8)

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

986

Name Nagie Age 28 Sex F

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C. T. Scan
Brain

Particular point to be investigated

Instructions

Date 2/8

Signature h

Report