

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

172

Name Gita Samanta Age 30y Sex F

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan of D-L spine

Particular point to be investigated

Instructions

Date

2/8

Signature

[Signature]

Report