

West Bengal Form No. 815

Plate No.
Register No. 178749

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name ABha rani ghosh Age 76 Sex F

Address _____

Physician / Surgeon S.B Ward FMW No. of bed/cabin X112

Paying / Non-Paying


Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions CT scan brain

Date 21/8/18


Signature

Report