

West Bengal Form No. 815

Plate No.
Register No. 172504

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Dr Javed Ali Age 42 Sex M

Address _____


Physician / Surgeon D Baschi Ward MM No. of bed/cabin 279

Paying / Non-Paying _____
Brief history of case CT scan (abdomen)
Clinical Diagnosis _____

Particular point to be investigated _____

Instructions _____

Date _____

Signature 

Report _____