

West Bengal Form No. 815

ph No: 908823256
Plate No.
Register No. 1757112

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Unknown Age 60y Sex M

Address _____

Physician / Surgeon Dr. K.C. Ward M40 No. of bed/cabin X61/42

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCCT scan Brain.

Particular point to be investigated

Instructions

2/8/28
Signature

Date

Report