

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

178766

Report / Treatment is required of

Name Kalyan Kumar Age 65 Sex M

Address _____

Physician / Surgeon [Signature] Ward 1111 No. of bed/cabin 1026

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

CT Brain

Instructions

Date

02/08/18

[Signature]

Signature

Report