

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

178789.

Report / Treatment is required of

Name Cal Mondal Age 80y Sex M

Address \_\_\_\_\_

Physician / Surgeon SN Ward MMW No. of bed/cabin 752

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated CT Brain

Instructions

Date 02/08/2014

Signature [Signature]

Report