

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

178807

Report / Treatment is required of

Name Kamal Haldan Age 45y Sex male

Address _____

Physician / Surgeon Dr C M Ward msw No. of bed/cabin 44

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

RTA i polytrauma

Particular point to be investigated

NECT brain

Instructions

Date

2/8/18

Signature



Report