

West Bengal Form No. 815

Plate No.  
Register No. 178808

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sefali roy Age 62 Sex M

Address \_\_\_\_\_ Ward PMW No. of bed/cabin 88

Physician / Surgeon S. Babli

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT scan

Particular point to be investigated

Instructions \_\_\_\_\_

Date 02/08/18

[Signature]  
Signature

Report