

West Bengal Form No. 815

Plate No.
Register No. 170442

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Karuna Manna Age 50y Sex F

Address _____

Physician / Surgeon S Pal Ward KMW No. of bed/cabin 230

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

~~HRM~~ CT Brain

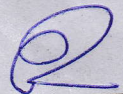
Particular point to be investigated

Instructions

Date

3/8/18

Signature



Report