

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name MD. HADIS Age 52y Sex M

Address MMH-X113

Physician / Surgeon S.PAL Ward MMH. No. of bed/cabin X113

Paying / Non-Paying

Brief history of case


Clinical Diagnosis

CT scan - Brain (w/eguit)  
(Supply plate)

Particular point to be investigated

Instructions

Date 3/8/18.

  
Signature

Report