

West Bengal Form No. 815

Plate No.
Register No. 170861

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Rinku Manna Age 40 Sex P

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date

3/9/18

Signature



Report