

West Bengal Form No. 815

Plate No.  
Register No. 179886

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sumitra Maity Age 40y Sex F

Address \_\_\_\_\_

Physician / Surgeon S Pal Ward PMW No. of bed/cabin X61

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date 3/8/18

Signature

[Signature]

Report