

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

179903

Report / Treatment is required of

Name Ramesh. Behara Age 38 Sex M

Address _____

Physician / Surgeon S.M Ward mm No. of bed/cabin X123

Paying / Non-Paying

Brief history of case

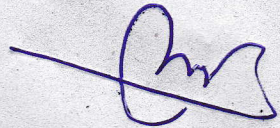
Clinical Diagnosis

CT scan Brain

Particular point to be investigated

Instructions

Date



Signature

Report