

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

402

Report / Treatment is required of

Name Manjiv Jey Age 41 Sex F

Address _____

Physician / Surgeon Jepr Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

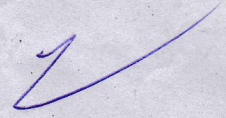
Particular point to be investigated

Instructions

Date

4/8

Signature



Report