

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

1819201

Report / Treatment is required of

Name Sunil / Das Age 56yrs Sex M

Address \_\_\_\_\_

Physician / Surgeon RK Ward mmw No. of bed/cabin 339

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date

04/08/20

Signature

