

West Bengal Form No. 815

Plate No.
Register No. 182809

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Taiyaba Khatun Age 40 Sex F

Address _____

Physician / Surgeon D. Dutta Ward PMU No. of bed/cabin 476

Paying / Non-Paying

Brief history of case

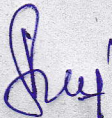
Clinical Diagnosis

CT scan (Brain)

Particular point to be investigated

Instructions

Date 7/8/18


Signature

Report