

West Bengal Form No. 815

Plate No.
Register No. 628

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name A. Khatun Age 37 20th Sex F

Address _____

Physician / Surgeon [Signature] Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

EEG

Particular point to be investigated

Instructions
Date 7/8

[Signature]
Signature

Report