

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

182030

Report / Treatment is required of

Name Paro Deni Age 75 Sex ♀

Address \_\_\_\_\_

Physician / Surgeon Dr BG Ward MMW No. of bed/cabin X62

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

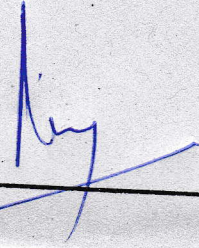
Particular point to be investigated

Instructions

Date

7/8/18.

Signature



Report