

West Bengal Form No. 815

Plate No.  
Register No. 179813

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Jaydeb Paul Age 56 Sex M

Address \_\_\_\_\_

Physician / Surgeon S. Paul Ward Man No. of bed/cabin 106

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan (Brain)

Particular point to be investigated

Instructions

Date

Signature



Report