

West Bengal Form No. 815

Plate No.  
Register No. 183411

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name md. Asgan Age 22 Sex M

Address \_\_\_\_\_

Physician / Surgeon D. D. Ward to him No. of bed/cabin 103

Paying / Non-Paying

Brief history of case


Clinical Diagnosis

CT Scan (brain)

Particular point to be investigated

Instructions

Date

Signature 

Report