

West Bengal Form No. 815

Plate No. 683422  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sen Juddan SK. Age 48 Sex M

Address D. D. -

Physician / Surgeon \_\_\_\_\_ Ward M.M. No. of bed/cabin 287

Paying / Non-Paying CT scan (Brain)


Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions

Date

Signature 

Report