

West Bengal Form No. 815

Plate No.
Register No. 183433

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sufia Mallick. Age 30 Sex F

Address _____

Physician / Surgeon Dr. S.M. Ward F&W No. of bed/cabin X6

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCCT Brain.

Particular point to be investigated

Instructions

Date 7/8/18

Signature Dr. Manu

Report