

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sashi Ranjan Srivastava Age 45y Sex M

Address _____

Physician / Surgeon D. Dutta Ward MMW No. of bed/cabin X16

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT - Brain

Particular point to be investigated

Instructions

Date

[Signature]
Signature

Report