

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Soumi Shekhar (Heit) Age 54y Sex M

Address _____

Physician / Surgeon D. Datta Ward mmv No. of bed/cabin X99

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT - Thorax

Particular point to be investigated

Instructions

Date

Signature [Signature]

Report