

West Bengal Form No. 815

Plate No.
Register No. 18 2747

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ahmed Dan - Age 80 Sex M

Address _____

Physician / Surgeon D. D. - Ward N.M. No. of bed/cabin X 145

Paying / Non-Paying _____

Brief history of case CT Scan (Brain)

Clinical Diagnosis → 11

Particular point to be investigated

Instructions

Date

Signature [Signature]

Report