

West Bengal Form No. 815

Plate No.
Register No. 185099

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Rekha Pal Age 70y Sex F

Address _____

Physician / Surgeon _____ Ward PMW No. of bed/cabin X129

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions CT scan brain

Date 9/8/18


Signature