A	
(4) In the M.C.H. this form should be send to th	e X-Ray Department at 8-30 a.m. for appointment to time.
West Bengal Form No. 815	Plate No. Register No. 185090
DISTRICT HOSE	
ELECTRO-THERAPE	
Report / Treatment is required of	
	Age <u>7° Y</u> Sex
Name <u>Rekha</u> Pal	Age Sex
Address	C44.92
Physician / Surgeon	Ward PM W No. of bed/cabin No. of bed/cabin X129
Paying / Non-Paying	
Brief history of case	
Clinical Diagnosis	
Particular point to be investigated	
in hram	2
Instructions CT scan brains	La contra
Date 9 18 118	Signature