

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

071

Report / Treatment is required of

Name S. Hemran Age 28 Sex M

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis C.T Scan of Brain

Particular point to be investigated

Instructions

Date

Signature

Report