

West Bengal Form No. 815

Plate No.
Register No.

STJ

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Madhum Nishe Age 78 Sex F

Address _____

Physician / Surgeon [Signature] Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T. Scan Brain

Particular point to be investigated

Instructions

10/8

Date

Signature

Report