

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ramen Panj Age 47 Sex M

Address \_\_\_\_\_

Physician / Surgeon D. Panj Ward M M No. of bed/cabin 088

Paying / Non-Paying \_\_\_\_\_  
Brief history of case CT scan (Brain)  
Clinical Diagnosis \_\_\_\_\_

Particular point to be investigated \_\_\_\_\_

Instructions \_\_\_\_\_

Date \_\_\_\_\_ Signature [Signature]

Report