

West Bengal Form No. 815

Plate No.  
Register No.

186864

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Anjana Das. Age 45/yr Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. M.D. Saha Ward BW No. of bed/cabin XI

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT-scan- Brain

Particular point to be investigated

Instructions

Date

  
Signature

Report