

West Bengal Form No. 815

Plate No.
Register No. 186912

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sufarna Malick Age 22 Sex F

Address FMW

Physician / Surgeon Dr. S. Pal Ward FMW No. of bed/cabin 23

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain.

Particular point to be investigated

Instructions

Date 10/3/18

[Signature]
Signature

Report