

West Bengal Form No. 815

Plate No.
Register No. 187-263

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bajjnath Ram Sharma Age 82 Sex M

Address _____

Physician / Surgeon S K A Ward M M No. of bed/cabin 129

Paying / Non-Paying

Brief history of case

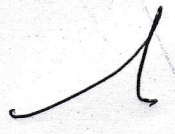
Clinical Diagnosis

CI scan (Brain)

Particular point to be investigated

Instructions

Date

Signature 

Report