

West Bengal Form No. 815

Plate No.
Register No. 179913

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Mamata Modi Age 76y Sex F

Address _____

Physician / Surgeon Dr. S. Pal. Ward CCU No. of bed/cabin 1

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

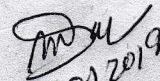
C.T. Scan of Brain.

Particular point to be investigated

Instructions

Date

Report


1/8/2019
Signature