West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

465

Report / Treatment is required of

Name A - Dcs Age 16 Sex M

Address

Physician / Surgeon Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T Scan Brain, Plain

Particular point to be investigated

Instructions

Signature

Date

Report