

West Bengal Form No. 815

Plate No.
Register No. 187907

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Mallika Maity Age 54 Sex F

Address _____

Physician / Surgeon Dr. S. K. Ankure Ward PMW No. of bed/cabin XII

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT-Brain

Particular point to be investigated

Instructions

Date

11/8/18

Signature



Report