

West Bengal Form No. 815

Plate No.  
Register No. 187916

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Shamsh Parveen Age 32 Sex F

Address \_\_\_\_\_

Physician / Surgeon SK Ankur Ward FMW No. of bed/cabin 5

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

E. T. Scan Brain

Particular point to be investigated

Instructions

Date 11.08.18

  
Signature

Report