

West Bengal Form No. 815

Plate No.
Register No. 187911

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Govind Kundu Age 70y Sex M

Address _____

Physician / Surgeon SK Ankure Ward MMW No. of bed/cabin 216

Paying / Non-Paying

Brief history of case

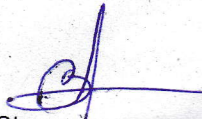
Clinical Diagnosis

C.T. Scan Brain

Particular point to be investigated

Instructions

Date 11.08.18


Signature

Report