

West Bengal Form No. 815

Plate No.
Register No. 187113

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Md. Rehman Age 60 Sex M

Address S L A

Physician / Surgeon _____ Ward Man No. of bed/cabin 094

Paying / Non-Paying

Brief history of case


Clinical Diagnosis

CI Scan (Brain)

Particular point to be investigated

Instructions

Date

Signature 

Report