

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

083

Report / Treatment is required of

Name Ali Hussion Age 58 Sex M

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan

Brain

Particular point to be investigated

Instructions

Date

11/8

Signature

A

Report