

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

188004

Report / Treatment is required of

Name Shital Dutta Age 48 Sex M

Address _____

Physician / Surgeon Dr B. G. Ward MMW No. of bed/cabin X37

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain.

Particular point to be investigated

Instructions

Date 12/01/18

h
Signature

Report