

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

188006

Report / Treatment is required of

Name Kanchan Gupta Age 26 Sex ♀ F

Address _____

Physician / Surgeon Dr. B. Ch. Ward F.M.W. No. of bed/cabin 442

Paying / Non-Paying

Brief history of case

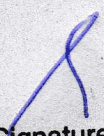
Clinical Diagnosis

CT scan brain.

Particular point to be investigated

Instructions

Date 14/5/18


Signature

Report