

West Bengal Form No. 815

Plate No.
Register No. 185002

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name MD. GARS BULLA ANJARI Age 68 Sex M

Address _____

Physician / Surgeon B.G. Ward mmw No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain plain

Particular point to be investigated

Instructions

Date 12/08/18

Signature [Signature]