

184704

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Namita Mandal Age 48y Sex F

Address _____

Physician / Surgeon Dr. S. Debnath Ward FMW No. of bed/cabin 163

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan abdomen

Particular point to be investigated

Instructions

Date

13/8/14

Signature

[Signature]

Report