

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

188029

Report / Treatment is required of

Name Arati Das Age 45 Sex F

Address _____

Physician / Surgeon Dr B. C. Das Ward FMW No. of bed/cabin X71

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan Brain.

Particular point to be investigated

Instructions

Date

2/8/18

Signature



Report