

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

187974.

Report / Treatment is required of

Name Basanti Patra Age 36y Sex M

Address _____

Physician / Surgeon SA Ward nmw No. of bed/cabin 43

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CECT Abdomen

Particular point to be investigated

Instructions

Date

12/07/2018

Signature

[Signature]

Report