

West Bengal Form No. 815

Plate No. 188507  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Peter Kenner Age 80 Sex M

Address \_\_\_\_\_

Physician / Surgeon B-G Ward Mm No. of bed/cabin X141

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan (Brain)

Particular point to be investigated

Instructions

Date

Signature

