

West Bengal Form No. 815

Plate No.
Register No.

774

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name R. Malik. Age 70 Sex M

Address (Mansarovar)

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan of Brain

Particular point to be investigated

Instructions

Date

13/1/8

Signature

Report