

188249

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Nayan Pramanick Age 65y Sex F

Address _____

Physician / Surgeon Dr. B. Goswami Ward FMW No. of bed/cabin 117

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT scan brain.

Particular point to be investigated

Instructions

Date 13/8/18

[Signature]
Signature

Report