

E.N.T

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

490

Report / Treatment is required of

Name Susmita Sengupta Age 24 Sex F

Address _____

Physician / Surgeon A. Bose Ward E.N.T No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T. Scan P.N.S

Particular point to be investigated

Instructions

Date 13/8/10

Report

Signature [Signature]