

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Gayatri Shaw Age 50 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. M.K.B Ward G.O.P.D No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT (PLAIN)

CT scan done abdomen & pelvis

(RT ovarian cyst)

Particular point to be investigated

Instructions

Date

13.8.18

Signature

M.K.B  
13/8/18

Report

**DR. M. K. BARI**  
Medical Officer, Gynaecologist  
O. P. D.  
Howrah District Hospital